

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 24, 2007 08:00 AM
Secretary of State

DOCUMENT # M02000002087

1. Entity Name
SCP 2002D-3 LLC



Principal Place of Business
2700 GRAND AVENUE
BELLMORE, NY 11710-3500

Mailing Address
2700 GRAND AVENUE
BELLMORE, NY 11710-3500



07122007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
01-0621236

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by September 14, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR THURMAN, HAROLD 2700 GRAND AVENUE BELLMORE, NY 117103500
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR THURMAN, BRAD 2700 GRAND AVENUE BELLMORE, NY 117103500
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CONSALVAS, PATRICK J 184 EAST MAIN STREET BABYLON, NY 11702
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BONCARDO, NICHOLAS 538 WESTCHESTER AVENUE RYE BROOK, NY 10573
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WALTER, WILLIAM 666 OLD COUNTRY RD., SUITE 900 OLD WESTBURY, NY 11530
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000770133
07/24/07-80003-021 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

7/12/07