

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 20, 2008 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



02132008 No Chg-LLC

CR2E083 (12/07)

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 _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

U00000833868
02/28/08-80029-017 143.75

9. MANAGING MEMBERS/MANAGERS

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

**DO NOT WRITE
IN THIS SPACE**

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 #

2/13/08