2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 17, 2009
Secretary of State

DOCUMENT# M02000002624

Entity Name: SCP 2004E-024, LLC

Current Principal Place of Business:

200 EAST LONG LAKE ROAD
SUITE 180
BLOOMFIELD HILLS, MI 48304

New Principal Place of Business:

Current Mailing Address:

200 EAST LONG LAKE ROAD
SUITE 180
BLOOMFIELD HILLS, MI 48304

New Mailing Address:

FEI Number: 74-3067178 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS ST
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: DAVIDSON, JEFFREY M
Address: 200 EAST LONG LAKE RD SUITE 180
City-St-Zip: BLOOMFIELD HILLS, MI 48304

Title: MGR ( ) Delete
Name: WHITE, KAREN
Address: 2787 SYLVAN SHORES DR
City-St-Zip: WATERFORD, MI 48328

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGR ( ) Change (X) Addition
Name: GURA, MARY LOU
Address: 200 E LONG LAKE ROAD SUITE 180
City-St-Zip: BLOOMFIELD HILLS, MI 48304 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MARY LOU GURA MGR 03/17/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date