

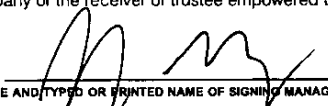


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90067 029 ****50.00

DOCUMENT # M02000003223 1. Entity Name SCP 2006-C23-134 LLC					
Principal Place of Business ONE CVS DRIVE LEGAL DEPARTMENT WOONSOCKET, RI 02895			Mailing Address ONE CVS DRIVE LEGAL DEPARTMENT WOONSOCKET, RI 02895		
2. Principal Place of Business - No P.O. Box # 2525 FAIRMOUNT ST.		3. Mailing Address 2525 FAIRMOUNT ST.		 04252007 Chg-LLC CR2E083 (12/06)	
Suite, Apt. #, etc. STE 200		Suite, Apt. #, etc. STE 200			
City & State DALLAS, TX		City & State DALLAS, TX			
Zip 75201		Zip 75201			
Country U.S.		Country U.S.		4. FEI Number 35-2189841	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MORM CVS PHARMACY INC ONE CVS DRIVE WOONSOCKET, RI 02895		<input checked="" type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT BRETT LANDES 2525 FAIRMOUNT ST, STE 200 DALLAS, TX 75201		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. SECRETARY, TREASURER GREG LOVAS 2 2525 FAIRMOUNT ST, STE 200 DALLAS, TX 75201		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGER JEFFREY MIMS 3102 OAKLAWN AVE, STE 700 DALLAS, TX 75219		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: 			Greg Lovas		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date 4-26-07 Daytime Phone # 214 572 2017		