

# 2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# M03000000459

FILED  
Nov 21, 2005  
Secretary of State

Entity Name: SCP 2004E-018 LLC

**Current Principal Place of Business:**

ONE CVS DRIVE  
WOONSOCKET, RI 02895

**New Principal Place of Business:**

**Current Mailing Address:**

ONE CVS DRIVE  
WOONSOCKET, RI 02895

**New Mailing Address:**

FEI Number: 65-1174992

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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: C T CORPORATION SYSTEM

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: CVS PHARMACY, INC.,  
Address: ONE CVS DRIVE  
City-St-Zip: WOONSOCKET, RI 02895 US

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

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

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

**ADDITIONS/CHANGES:**

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

Title: MGRM ( ) Change (X) Addition  
Name: SCP 2004E-018 LLC,  
Address: 152 WEST 57TH STREET 12TH FLOOR  
City-St-Zip: NEW YORK, NY 10019 US

Title: MGRM ( ) Change (X) Addition  
Name: CORNFELD, ARTHUR B  
Address: 152 WEST 57TH STREET 12TH FLOOR  
City-St-Zip: NEW YORK, NY 10019 US

Title: MGRM ( ) Change (X) Addition  
Name: LANSEY, DAVID L  
Address: 152 WEST 57TH STREET 12TH FLOOR  
City-St-Zip: NEW YORK, NY 10019 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: ARTHUR B. CORNFELD

MGRM

11/21/2005

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