

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M03000002808

Entity Name: SCP 2004E-021 LLC

FILED  
Sep 07, 2005  
Secretary of State

**Current Principal Place of Business:**

ONE CVS DRIVE  
WOONSOCKET, RI 02895

**New Principal Place of Business:**

300 W. DOUGLAS  
SUITE 1050  
WICHITA, KS 67202 US

**Current Mailing Address:**

ONE CVS DRIVE  
WOONSOCKET, RI 02895

**New Mailing Address:**

300 W. DOUGLAS  
SUITE 1050  
WICHITA, KS 67202 US

FEI Number: 20-0934804      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**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: \_\_\_\_\_

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

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: PI HOLDINGS, LLC,  
Address: 300 W. DOUGLAS, SUITE 1050  
City-St-Zip: WICHITA, KS 67202 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: THOMAS D. BEARD

VP

09/07/2005

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