

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 05, 2008 8:00 am
Secretary of State

05-05-2008 90038 050 ***138.75

DOCUMENT # M05000004923

1. Entity Name
SCP 2007-C27-509 LLC



Principal Place of Business
ONE CVS DRIVE
WOONSOCKET, RI 02895

Mailing Address
ONE CVS DRIVE
WOONSOCKET, RI 02895

60039151



2. Principal Place of Business - No P.O. Box #
2525 FAIRMOUNT ST.

3. Mailing Address
2525 FAIRMOUNT ST.

Suite, Apt. #, etc.
SUITE 200

Suite, Apt. #, etc.
SUITE 200

04302008 Chg-LLC CR2E083 (12/06)

City & State
DALLAS, TX

City & State
DALLAS, TX

4. FEI Number
20-3634441

Applied For
Not Applicable

Zip
75201

Country
US

Zip
75201

Country
US

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME MGRM
STREET ADDRESS CVS PHARMACY, INC.
CITY-ST-ZIP ONE CVS DRIVE
WOONSOCKET, RI 02895 ☐ Delete

TITLE
NAME P/MGR ☒ Change ☐ Addition
STREET ADDRESS BRETT LANDES
CITY-ST-ZIP 2525 FAIRMOUNT ST., STE 200
DALLAS, TX 75201

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME VST/MGR ☐ Change ☒ Addition
STREET ADDRESS GREG LOVASZ
CITY-ST-ZIP 2525 FAIRMOUNT ST., STE 200
DALLAS, TX 75201

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME MGR ☐ Change ☒ Addition
STREET ADDRESS JEFFREY MEMS
CITY-ST-ZIP 3102 OAK LAWN AVE, STE 700
DALLAS, TX 75219

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Greg Lovasz 4-30-08