

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000006272

Entity Name: SCP 2007-C27-507 LLC

FILED  
Mar 27, 2008  
Secretary of State

**Current Principal Place of Business:**

ONE CVS DRIVE  
WOONSOCKET, RI 02895

**New Principal Place of Business:**

220 JACKSON STREET  
SUITE 2000  
SAN FRANCISCO, CA 94111

**Current Mailing Address:**

220 JACKSON STREET, SUITE 2000  
SAN FRANCISCO, CA 94111

**New Mailing Address:**

220 JACKSON STREET  
SUITE 2000  
SAN FRANCISCO, CA 94111

FEI Number: 20-3939348

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 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

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

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

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: SWANSON, CHARLES S  
Address: 220 JACKSON STREET, STE. 2000  
City-St-Zip: SAN FRANCISCO, CA 94111

Title: MGR ( ) Change (X) Addition  
Name: WOLF, DOUGLAS H  
Address: 220 JACKSON STREET, STE. 2000  
City-St-Zip: SAN FRANCISCO, CA 94111

Title: MGR ( ) Change (X) Addition  
Name: LEWITT, MICHAEL E  
Address: 621 NW 53RD STREET, STE. 620  
City-St-Zip: BOCA RATON, FL 33487

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: DOUGLAS H. WOLF

MGR

03/27/2008

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