2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000008928

1. Entity Name
BLOOMINGDALE BRANDON CVS, L.L.C.

Principal Place of Business	Mailing Address
ONCE CVS DRIVE WOONSOCKET, RI 02895	ONCE CVS DRIVE WOONSOCKET, RI 02895

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FILED
06 APR 21 AM 8: 37
STATE
FLORIDA

01092006 No Chg-LLC   CR2E083 (11/05)

4. FEI Number	Applied For
02-0590659	Not Applicable

5. Certificate of Status Desired ☐ **$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

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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

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

Filing Fee is $50.00
Due by May 1, 2006

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04/24/06--01005--011 **50550.00

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	CVS PHARMACY, INC
STREET ADDRESS	ONE CVS DRIVE
CITY-ST-ZIP	WOONSOCKET, RI 02895
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 *Linda M. Cimbron*   Linda Cimbron   4/5/06   401-765-1500
Authorized Representative

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #