2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000026020

1. Entity Name
MIDPORT PORT ST. LUCIE CVS, L.L.C.

FILED
06 APR 21 AM 9:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

03172006 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
38-3666792
☐ Applied For
☐ 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 DR.
CITY-ST-ZIP	WOONSOCKET, RI 02895
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	4/24/24
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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 Authorized Representative 4/8/06 401-765-1500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #