50 P

1. Entity Name

LIMITED LIABILITY COMPANY

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M02000002190

CVS 5854 FL, L.L.C.



FILED May 27, 2003 8:00 am Secretary of State

04-23-2003 90130 001 ****50.00

| | DO NOT WRIT | E IN THIS | SPACE | | 44002455 | , | |
|--|---|-------------------------------|--|---|--|-----------------------------------|--|
| 2. Principal Place of Business 3. Mailing A One CVS Drive same | | | Idress | | 1 | | |
| Suite, Apt. #, etc. Legal Department | | Suite, Apt. #, etc. | | | DO NOT WRITE IN THIS SPACE | | |
| City & State Woonsocket | | City & State | | | 4. FEI Number 32-0031090 Applied For Not Applicable | | |
| RI RI | Country USA | Zip | Country | | 5. Certificate of Status Desired | \$5.00 Additional Fee Required | |
| DO NOT WRITE | | | | 7. Name and Address of Current Registered Agent Name CT Corporation System Street Address (P.O. Box Number is Not Acceptable) | | | |
| IN THIS SPACE | | | 1: | 1200 South Pine Island Road | | | |
| | | | <u> </u> | ity Plantation | | TL Zip Code 33324 | |
| | named entity submits this statement tions of registered agent. | nt for the purpose of changin | | | red agent, or both, in the State of Florida. I a | | |
| SIGNATURE | Signature, typed or printed name of registered a | gent and title if applicable. | | | DA | TE | |
| 9. | | Make Check Pa | FEE IS \$50 yable to Florid DUE BY MA | la Departme | int of State | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CVS Meridian, Inc., Managing Member One CVS Drive Woonsocket RI 02895 | | | Dress 11P | -an | | |
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11. I hereby certify that the information supplied with this filing does not qualify 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 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 Melanie K. Luker,

4-15-03

401-770-3565

Daytime Phone #