LIMITED LIABILITY COMPANY

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

UNIFORM BUSINESS REPORT (UBR)				04-23-2003 90236 039 ****50.00	
1. Entity Nan	MENT # M02000 5930 FL, L.L.C.	003226			
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	DO NOT WRIT	TE IN THIS	SPACE	44002447	
Principal Place of Business One CVS Drive		3. Mailing Address same			
Suite, Apt. #, etc. Legal Department		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	
City & State Woonsocket		City & State		4. FEI Number 35-2189847 Applied For Not Applicable	e
Zip RI	Country USA	Zip	Country	5. Certificate of Status Desired \$5.00 Additional Fee Required	
			Name CT	7. Name and Address of Current Registered Agent	7
DO NOT WRITE			C1 Corporation System		
IN THIS SPACE			Street Addre	Street Address (P.O. Box Number is Not Acceptable)	
IN THIS SPACE			1200 South Pine Island Road		
			City Plantation FL Zip Code 33324		
	e named entity submits this stateme tions of registered agent.	nt for the purpose of changing	its registered office or regi	stered agent, or both, in the State of Florida. I am familiar with, and accept	
SIGNATURE	Signature, typed or printed name of registered	agent and title if applicable.		DATE	
	•		FEE IS \$50.00 able to Florida Depart DUE BY MAY 1	ment of State	
9	MANAGING ME	MBERS/MANAGERS		F 1	٦_
TITLE NAME	IAME ONE CVS Meridian, Inc., Managing Member One CVS Drive		TITLE: NAME		CR2E083B (12/02)
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	- Colombia	983B
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TITLE NAME			, TITLE NAME		7
STREET ADDRESS CITY - SI - ZIP		STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE		
TILE		TITLE		\dashv	
NAME STREET ADDRESS		NAME STREET ADDRESS	IN THIS SPACE		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE NAME			TITLE NAME		
DETECT ADDRESS	1		ATTETT ADDRESS	h. U	

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.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE: MEIATURE AND TYPED OR PRINTED NAME OF SIGNING JANAGING MEMBER WANGER OR A WHORIZED REPRESENTATIVE

CITY - ST - ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

4-15-03

401-770-3565

Assistant Secretary

Daytime Phone #

of CVS Meridian, Inc.