2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# M08000001341

Entity Name: CVS 75674 FL, L.L.C.

Current Principal Place of Business:

ONE CVS DRIVE
WOONSOCKET, RI 02895

New Principal Place of Business:

ONE CVS DR.
WOONSOCKET, RI 02895 US

Current Mailing Address:

ONE CVS DRIVE
WOONSOCKET, RI 02895

New Mailing Address:

ONE CVS DR.
LEGAL DEPT
WOONSOCKET, RI 02895 US

FEI Number: 26-2175112 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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:

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

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

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: CVS PHARMACY, INC.
Address: ONE CVS DR.
City-St-Zip: WOONSOCKET, RI 02895 US

Title: S ( ) Change (X) Addition
Name: CIMBRON, LINDA M
Address: ONE CVS DR.
City-St-Zip: WOONSOCKET, RI 02895 US

Title: S ( ) Change (X) Addition
Name: NULMAN, MICHAEL B
Address: ONE CVS DR.
City-St-Zip: WOONSOCKET, RI 02895 US

Title: S ( ) Change (X) Addition
Name: LUKER, MELANIE K
Address: ONE CVS DR.
City-St-Zip: WOONSOCKET, RI 02895 US

Title: P ( ) Change (X) Addition
Name: LANKOWSKY, ZENON P
Address: ONE CVS DR.
City-St-Zip: WOONSOCKET, RI 02895 US

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: CVS PHARMACY, INC. MGRM 04/30/2009

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