

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000004240

FILED  
Jul 21, 2005  
Secretary of State

Entity Name: CVS, L.L.C.

**Current Principal Place of Business:**

14970 CAPTIVA TR  
CAPTIVA, FL 33924

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 156  
NORMANDY BCH, NJ 08739

**New Mailing Address:**

FEI Number: 65-1119485      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

CHILDERS, E L JR  
14970 CAPTIVA DR  
CAPTIVA, FL 33924      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: BELL, KAREN  
Address: 772 BIRDIE VIEW PT  
City-St-Zip: SANIBEL, FL 33957

Title: MGRM      ( ) Delete  
Name: CHILDERS, EUGENE L  
Address: PO BOX 485  
City-St-Zip: NORMANDY BEACH, NJ 08739

**ADDITIONS/CHANGES:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: EUGENE L. CHILDERS

MGRM

07/21/2005

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