LIMITED LIABILITY COMPANY **UNIFORM BUSINESS REPORT (UBR)**

FILED May 28, 2003 8:00 am Secretary of State 04-23-2003 90236 002 ****50.00

401-770-3565

5-15-03

1. Entity Nar	MENT # L01000 on Blatt CVS, L.L.C.						
	DO NOT WRI	TE IN THIS S	SPACE	4.	4002691		
2. Principal Place of Business One CVS Drive		3. Mailing Address	3. Mailing Address Same		10000		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE			
Legal Department City & State		City & State		4. FEI Number 05 4404207 Applied For			
Woonso	cket			65-113		Not Applicable	
RI	Country USA	Zip	Country	5. Certificate of Status De		5.00 Additional ee Required	
~~~		<del> </del>		7. Name and Address of C	Current Registered	Agent	
	DO NOT	WDITE	Name CT C	Name CT Corporation System			
DO NOT WRITE			Street Address	Street Address (P.O. Box Number is Not Acceptable)			
IN THIS SPACE		SPACE	1200 South	1200 South Pine Island Road			
		•	City Plantat	City Plantation FL 3333		Zip Code 33324	
the obliga	Signature, typed or printed name of registere	d agent and title if applicable.			OATE.		
SIGNATURE		Make Check Pay	FEE IS \$50.00 yable to Florida Departm DUE BY MAY	ent of State	OATE		
9, TITLE NAME STREET ADDRESS		Make Check Pay  EMBERS/MANAGERS  Managing Member	yable to Florida Departm	ent of State	DATE		
SIGNATURE  9. TITLE	MANAGING M CVS Vanguard, Inc., N One CVS Drive	Make Check Pay  EMBERS/MANAGERS  Managing Member	yable to Florida Departm DUE BY MAY 1  TITLE NAME STREET ADDRESS	ent of State	OATE		
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	MANAGING M CVS Vanguard, Inc., N One CVS Drive	Make Check Pay  EMBERS/MANAGERS  Managing Member	yable to Florida Departm DUE BY MAY 1  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS		DT WRIT	TE.	
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Rose Scheer