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

Apr 23, 2003 8:00 am Secretary of State

04-23-2003 90237 010 ****50.00

DOCUMENT # L01000017376

1. Entity Name



CVS Tampa 3650, L.L.C. 30059591 DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 3. Mailing Address One CVS Drive same Suite, Apt. #, etc. Suite, Apt, #, etc. DO NOT WRITE IN THIS SPACE Legal Department City & State Woonsocket City & State Applied For 68-0484048 Not Applicable Country Country \$5.00 Additional 5. Certificate of Status Desired RΪ USA Fee Required 7. Name and Address of Current Registered Agent Name CT Corporation System DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) IN THIS SPACE 1200 South Pine Island Road City Plantation 8. 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. I am familiar with, and accept the obligations of registered agent. FEE IS \$50.00 Make Check Payable to Florida Department of State DUE BY MAY 1 9. MANAGING MEMBERS/MANAGERS (12/02) TITLE CVS New York, Inc., Member TIPLE NAME NAME One CVS Drive STREET ADDRESS STREET ADDRESS CR2E083B Woonsocket RI 02895 CITY-ST-ZIP CITY ST-7P TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P TITLE nne NAME NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY-ST-2IP TITLE TITLE IN THIS SPACE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME NAME

11. Thereby certify that the information supplied with this filiting 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 mysignature 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.

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

Melanie K. Luker, Auth. Rep. R. MANAGER, OR AUTHORIZED REPRESENTATIVE

4-15-03

401-770-3565

Date

Daytima Phone #