2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L01000018074

1. Entity Name CVS 2875 TAMPA, L.L.C.



FILED
May 01, 2007 08:00 A
Secretary of State

Principal Place of Business

ONE CVS DRIVE

LEGAL DEPT WOONSOCKET, RI 02895 Mailing Address

ONE CVS DRIVE LEGAL DEPT WOONSOCKET, RI 02895



01232007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 68-0484170 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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FLANIAI	IUN, FL 33324		IN THIS SPACE	
8. The above the obligation	e named entity submits this statement for the purpose of changing tions of registered agent.	its registered office or registe		n familiar with, and accept
SIGNATURE.		OTE: Registered Agent signature require	ed when reinstating) DATE	
F D	iling Fee is \$50.00 ue by May 1, 2007			
9.	MANAGING MEMBERS/MANAGERS			ton to the contract of the second
NAME STREET ADDRESS CITY-ST-ZIP	MGRM CVS IN DISTRIBUTION, INC. ONE CVS DRIVE WOONSOCKET, RI 02895		Hooppoon o	
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11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. 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.

SIGNATURE: GLADO M. CIMBUR

Linda Cimbron
Authorized Representative

4/25/07

401-765-1500 :

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #