


FILED
May 27, 2003 8:00 am
Secretary of State

04-23-2003 90237 046 ****50.00

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

DOCUMENT # L01000021831
 1. Entity Name
 CVS 2874 Clearwater, L.L.C.



DO NOT WRITE IN THIS SPACE

44002452

2. Principal Place of Business One CVS Drive		3. Mailing Address same	
Suite, Apt. #, etc. Legal Department		Suite, Apt. #, etc.	
City & State Woonsocket		City & State	
Zip RI	Country USA	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 68-0487014		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required
7. Name and Address of Current Registered Agent		
Name CT Corporation System		
Street Address (P.O. Box Number is Not Acceptable)		
1200 South Pine Island Road		
City Plantation	FL	Zip Code 33324

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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FEE IS \$50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CVS VA Distribution, Inc., Managing Member One CVS Drive Woonsocket RI 02895	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	

CR2E089B (12/02)

11. I hereby certify that the information supplied with this filing 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 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: Melanie K. Luker Melanie K. Luker, 4-15-03 401-770-3565
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER TITLE Date Daytime Phone #

Assistant Secretary
 of CVS VA Distribution, Inc.
 (Managing Member)