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

DOCUMENT # L02000006600

1. Entity Name

CVS Sheridan Hollywood, L.L.C.



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

04-23-2003 90236 003 ****50.00

401-770-3565

Daytime Phone #

4-15-03

DO NOT WRITE IN THIS SPACE

44002475 3. Mailing Address 2. Principal Place of Business same One CVS Drive DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Legal Department Applied For 4. FEI Number City & State City & State 54-2064981 Not Applicable Woonsocket \$5.00 Additional Country Zip RI Country 5. Certificate of Status Desired Fee Required USA 7. Name and Address of Current Registered Agent **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. SIGNATURE 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 MANAGING MEMBERS/MANAGERS 9. CR2E083B (12/02) TITS E TITLE CVS Meridian, Inc., Managing Member NAME NAME One CVS Drive STREET ADDRESS STREET ADDRESS Woonsocket RI 02895 CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME. NAME DO NOT WRITE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP IN THIS SPACE TITLE TITLE 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 TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

> Assistant Secretary of CVS Meridian, Inc.

Melanie K. Luker, MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

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.