


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000009140 1. Entity Name ATLANTIC JOG DELRAY CVS, L.L.C.	
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Principal Place of Business ONE CVS DRIVE LEGAL DEPARTMENT WOONSOCKET, RI 02895	Mailing Address ONE CVS DRIVE WOONSOCKET, RI 02895
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DO NOT WRITE IN THIS SPACE

FILED
06 APR 21 AM 8:18
FLORIDA STATE
SOLICITOR GENERAL, FLORIDA

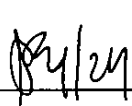
03202006 No Chg-LLC CR2E083 (11/05)

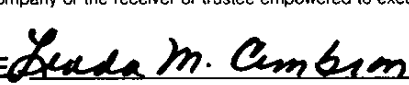
4. FEI Number 02-0616428	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324
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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 _____ (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2006	700071755267 04/24/06--01005--011 **50550.00
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9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CVS PHARMACY INC ONE CVS DRIVE WOONSOCKET, RI 02895
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

11. I hereby certify that the information supplied with this filing 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  Linda M. Cimbron Authorized Representative	4/5/06 Date	401-765-1500 Daytime Phone #