2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000012080

1. Entity Name
MOUNT DORA CVS, L.L.C.

Principal Place of Business	Mailing Address
ONE CVS DRIVE WOONSOCKET, RI 02895	ONE CVS DRIVE WOONSOCKET, RI 02895

DO NOT WRITE IN THIS SPACE

03172006 No Chg-LLC   CR2E083 (11/05)
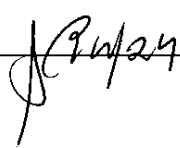
4. FEI Number		Applied For
02-0627315		Not Applicable

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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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.   (NOTE: Registered Agent signature required when reinstating)   DATE

Filing Fee is $50.00
Due by May 1, 2006

200071780132
04/24/06--0100S--011   **$50550.00

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	CVS PHARMACY, INC,.
STREET ADDRESS	ONE CVS DRIVE
CITY-ST-ZIP	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	

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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_   Linda Cimbron
Authorized Representative   4/5/06   401-765-1500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #