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

DOCUMENT # L020000017544

1. Entity Name

Lee Vista Orlando CVS 1 L C



FILED Apr 23, 2003 8:00 am Secretary of State 04-23-2003 90237 023 ****50.00

ree ,	vista Oriando OVS, E.I				
	DO NOT WRIT	E IN THIS	SPACE		
Principal Place of Business One CVS Drive		3. Mailing Address same		<u>***</u>	
Suite, Apt. #, etc. Legal Department		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	
City & State Woonsocket		City & State		4. FEI Number 22-3865910 Applied For Not Applicable	
Zip Rl	Country USA	Zip	Country	5. Certificate of Status Desired S5.00 Additional Fee Required	
			Name CT	7. Name and Address of Current Registered Agent Corporation System	
	DO NOT V			ess (P.O. Box Number is Not Acceptable)	
	IN THIS S	PACE	1200 So	uth Pine Island Road	
			^{City} Plan	tation FL Zip Code 33324	
	e named entity submits this statement tions of registered agent.	for the purpose of changing	g its registered office or reg	gistered agent, or both, in the State of Florida. I am familiar with, and accept	
SIGNATURE .	Signature, typed or printed name of registered age	nt and title if applicable.		DATE	
		· Make Check Pay	FEE IS \$50.00 vable to Florida Depar DUE BY MAY 1	tment of State	
9.	MANAGING MEME	BERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CVS Meridian, Inc., Mem One CVS Drive Woonsocket RI 02895	ber	TITLE NAME STREET ADDRESS CUTY-ST-21P		
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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CHY-ST-ZP	IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			ITILE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZP		
indicated		d that my signature shall ha	for the exemption stated in ve the same legal effect as	n Section 119.07(3)(i), Florida Statutes, I further certify that the information if made under oath; that I am a managing member or manager of the hapter 608, Florida Statutes.	

Melanie K. Luker, Auth. Rep.

AGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4-15-03

401-770-3565

Daytima Phone #