2006 LIMITED LIABILITY COMPANY

ANNUAL REPORT DOCUMENT # L04000027193 FILED 1. Entity Name 06 APR 21 AN 7:52 CVS EGL YAMATO ROAD FL, L.L.C. Principal Place of Business Mailing Address ONE CVS DRIVE ONE CVS DRIVE WOONSOCKET, RI 02895 WOONSOCKET, RI 02895 03172006 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. EEI Number 05-0600541 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM DO NOT WRITE 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 IN THIS SPACE 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 800071759068 Filing Fee is \$50.00 Due by May 1, 2006 04/24/06--01005--011 ***50550.00 9. MANAGING MEMBERS/MANAGERS **MGRM** TITLE CVS PHARMACY, INC. NAME ONE CVS DRIVE STREET ADDRESS CITY-ST-ZIP WOONSOCKET, RI 02895 TITLE NAME pay/en STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP TITLE

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.

Authorized Representative

NAME STREET ADDRESS CITY-ST-ZIP

401-765-1500

Daytime Phone #