



**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

<b>DOCUMENT # L04000027324</b> 1. Entity Name CVS EGL PORT SOUTHWEST FL, L.L.C.			FILED APR 21 AM 10:41 CLERK OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business ONE CVS DRIVE WOONSOCKET, RI 02895		Mailing Address ONE CVS DRIVE WOONSOCKET, RI 02895		
DO NOT WRITE IN THIS SPACE		 03172006 No Chg-LLC      CR2E083 (11/05)		
		4. FEI Number 05-0600408		Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required		
6. Name and Address of Current Registered Agent  C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		DO NOT WRITE 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 the obligations of registered agent.				
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>				
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		100071786341 04/24/06--01005--011    **50550.00		
9. MANAGING MEMBERS/MANAGERS		DO NOT WRITE IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CVS PHARMARY, INC. ONE CVS DRIVE WOONSOCKET, RI 02895			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	\$34/24			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
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 <u>Linda M. Cimbron</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		Date <u>4/5/06</u>	Daytime Phone # <u>401-765-1500</u>	