


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000027357 1. Entity Name CVS EGL LEE ORLANDO FL, L.L.C.	
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FILED
06 APR 21 AM 8:59
TALLAHASSEE, FLORIDA

Principal Place of Business ONE CVS DR WOONSOCKET, RI 02895	Mailing Address ONE CVS DR WOONSOCKET, RI 02895
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03202006 No Chg-LLC	CR2E083 (11/05)
4. FEI Number 05-0600217	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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2006

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04/24/06--01005--011 **50550.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CVS PHARMACY, INC ONE CVS DR WOONSOCKET, RI 02895
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>[Signature]</i>
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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 <i>Linda M. Cimbron</i> Linda Cimbron <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	Authorized Representative	Date <i>4/5/06</i> 401-765-1500 <small>Date Daytime Phone #</small>
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