#### 2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

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# DOCUMENT # L04000027357

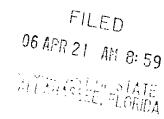
CVS EGL LEE ORLANDO FL, L.L.C.

Principal Place of Business

ONE CVS DR WOONSOCKET, RI 02895 Mailing Address

ONE CVS DR

WOONSOCKET, RI 02895





03202006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 05-0600217

Applied For 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.

NAME STREET ADDRESS CITY-ST-ZIP

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

**400071775834** 04/24/06--01005--011 \*\*\*\$0550.00

	• • •
9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	CVS PHARMACY, INC
STREET ADDRESS	ONE CVS DR
CITY-ST-ZIP	WOONSOCKET, RI 02895
TITLE	
NAME	
STREET ADDRESS	form24
CITY-ST-ZIP	( Condesi
TITLE	1*
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	

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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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Linda Cimbron Authorized Representative