


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000027382 1. Entity Name CVS EGL FEDERAL DELRAY BEACH FL, L.L.C.					
Principal Place of Business ONE CVS DRIVE WOONSOCKET, RI 02895			Mailing Address ONE CVS DRIVE WOONSOCKET, RI 02895		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		02252006 Chg-LLC CR2E083 (11/05)	
Zip		Country		4. FEI Number 05-0600182	
				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				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM CVS VANGUARD, INC. ONE CVS DRIVE WOONSOCKET, RI 02895	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM CVS Pharmacy, Inc. One CVS Drive Woonsocket, RI 02895
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Linda Cimbron Authorized Representative Date <u>4/5/06</u> Daytime Phone # <u>401-765-1500</u>		

FILED
06 APR 21 AM 7:28
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

