


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

<b>DOCUMENT # L04000027668</b> 1. Entity Name CVS EGL HWY 441 MOUNT DORA FL, L.L.C.	
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Principal Place of Business ONE CVS DR. WOONSOCKET, RI 02895	Mailing Address ONE CVS DR. WOONSOCKET, RI 02895
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**DO NOT WRITE IN THIS SPACE**

FILED  
06 APR 21 AM 10:01  
TALLAHASSEE, FLORIDA

03202006 No Chg-LLC CR2E083 (11/05)

4. FEI Number 05-0600101	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 S. PINE ISLAND RD.  
PLANTATION, FL 33324

**DO NOT WRITE  
IN THIS SPACE**

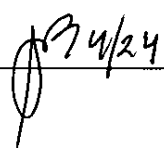
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

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

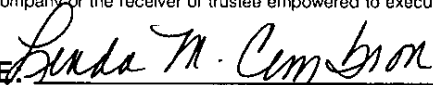
900071777869  
04/24/06--01005--011 \*\*50550.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CVS RX SERVICES, INC. ONE CVS DR. WOONSOCKET, RI 02895
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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**  Linda Cimbron  
Authorized Representative

APR 05 2006

401-765-1500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE: \_\_\_\_\_ Date: \_\_\_\_\_ Daytime Phone #: \_\_\_\_\_