2006 LIMITED LIABILITY COMPANY

	ANNUAL	REPORT		_		
DOCUMENT # L04000027674 1. Entity Name				FILED		
CVS EGL	'S EGL GRANADA ORMOND BEACH FL, L.L.C.				AM 7:48	
Principal Place of Business Mailing Address ONE CVS DR. WOONSOCKET, RI 02895 WOONSOCKET, RI 02895			_	500 100 100 100 100 100 100 100 100 100	LIGINITATE CE, FLORIDA	
DO NOT WRITE IN THIS SPACE			CE	01042006 No Chg-LLC	CR2E083 (11/05)	
				4. FEI Number 05-0600102 5. Certificate of Status Desired	Not Applicable \$5.00 Additional Fee Required	
	6. Name and Address of Current F	legistered Agent	T			
C T CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION, FL 33324				DO NOT WRITE IN THIS SPACE		
the obligati	named entity submits this statement for ions of registered agent. Signature, typed or printed name of registered agent as illing Fee is \$50.00 ue by May 1, 2006			when reinstating) 2 3 1 1 7 1 7 1 7 1 7 1 7 1 7 1 7 1 7 1 7	_QATE	
9.	MANAGING MEMBER	RS/MANAGERS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CVS RX SERVICES, INC. ONE CVS DR. WOONSOCKET, RI 02895					
TITLE NAME STREET ADDRESS CITY-ST-ZIP) Pr	4/24				
TITLE NAME - STREET ADDRESS - CITY-ST-ZIP				DO NOT W	RITE	
TITLE NAME STREET ADDRESS CCITY-ST-ZIP				IN THIS SP	ACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
INILE NAME STREET ADDRESS -ĈITY-ST-ZIP						
11. I hereby of indicated	certify that the information supplied with on this report is true and accurate and billity company or the receiver or trustee	that my signature shall have the sa	me legal effect as if	i made under oath; that I am a man	further certify that the information aging member or manager of the	

Linda Cimbron

Authorized Representative

SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE