2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L04000027686

1. Entity Name
CVS EGL HWY 27 HAINES CITY FL, L.L.C.

Principal Place of Business	Mailing Address
ONE CVS DR. WOONSOCKET, RI 02895	ONE CVS DR. WOONSOCKET, RI 02895

FILED

06 APR 21 AM 9: 47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

03202006 No Chg-LLC   CR2E083 (11/05)

4. FEI Number		Applied For
05-0600104		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 S. PINE ISLAND RD.
PLANTATION, FL 33324

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 _____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

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

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 M. Cimbron_   Linda Cimbron
Authorized Representative   4/5/06   401-765-1500

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