


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

|  |   |
|--|---|
| <b>DOCUMENT # L04000027770</b><br>1. Entity Name<br>CVS EGL 20TH VERO BEACH FL, L.L.C. |  |
|--|---|

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 APR 21 AM 10:47

|  |  |
|--|--|
| Principal Place of Business<br>ONE CVS DRIVE<br>WOONSOCKET, RI 02895 | Mailing Address<br>ONE CVS DRIVE<br>WOONSOCKET, RI 02895 |
|--|--|



01052006No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

|                             |                               |
|-----------------------------|-------------------------------|
| 4. FEI Number<br>05-0600232 | Applied For<br>Not Applicable |
|-----------------------------|-------------------------------|

|   |  |
|---|--|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$5.00</b> Additional<br>Fee Required |
|---|--|

|  |
|--|
| 6. Name and Address of Current Registered Agent<br><br>C T CORPORATION SYSTEM<br>1200 SOUTH PINE ISLAND ROAD<br>PLANTATION, FL 33324 |
|--|

|                                       |
|---------------------------------------|
| <b>DO NOT WRITE<br/>IN THIS SPACE</b> |
|---------------------------------------|

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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable.</small> | (NOTE: Registered Agent signature required when reinstating) | DATE _____ |
|---|--|------------|

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

000071806150  
04/24/06--01005--011 \*\*\$0550.00

| 9. MANAGING MEMBERS/MANAGERS                   |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>CVS PHARMACY, INC.<br>ONE CVS DRIVE<br>WOONSOCKET, RI 02895 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |

|                                       |
|---------------------------------------|
| <b>DO NOT WRITE<br/>IN THIS SPACE</b> |
|---------------------------------------|

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.

|   |  |                |                                 |
|---|--|----------------|---------------------------------|
| <b>SIGNATURE</b> <i>Linda M. Cimbron</i><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small> | Linda Cimbron<br>Authorized Representative | 4/5/06<br>Date | 401-765-1500<br>Daytime Phone # |
|---|--|----------------|---------------------------------|