


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000028455 1. Entity Name CVS ORLANDO FL DISTRIBUTION, L.L.C.	
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FILED
06 APR 21 AM 9:31
STATE OF FLORIDA
ALLIANCE, FLORIDA

Principal Place of Business ONE CVS DRIVE WOONSOCKET, RI 02895	Mailing Address ONE CVS DRIVE WOONSOCKET, RI 02895
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DO NOT WRITE IN THIS SPACE

03172006 No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-0998041	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324
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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 _____
Signature, typed or printed name of registered agent and title if applicable.

Filing Fee is \$50.00 Due by May 1, 2006 2006071771757
 04/24/06--01005--011 **50550.00

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

DO NOT WRITE IN THIS SPACE

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 <i>Linda M Cimbron</i> Linda Cimbron <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	Authorized Representative	Date <i>4/15/06</i>	Daytime Phone # 401-765-1500
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