


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**May 01, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # L04000028455**

1. Entity Name  
**CVS ORLANDO FL DISTRIBUTION, L.L.C.**



Principal Place of Business  
**ONE CVS DRIVE  
 WOONSOCKET, RI 02895**

Mailing Address  
**ONE CVS DRIVE  
 WOONSOCKET, RI 02895**



2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

01242007 Chg-LLC CR2E083 (12/06)

City & State  
 Zip

4. FEI Number  
**20-0998041**

Applied For  
 Not Applicable

Country

5. Certificate of Status Desired  **\$5.00** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION, FL 33324**

**7. Name and Address of New Registered Agent**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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, 2007**

**Make check payable to  
 Florida Department of State**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CVS PHARMACY, INC. ONE CVS DRIVE WOONSOCKET, RI 02895	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**10. ADDITIONS/CHANGES**

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
U00000751794 05/18/07-80116-022 50.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 **4/25/07** 401-765-1500

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