

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000037886

Entity Name: CVS EGL, L.L.C.

FILED
Jan 19, 2005
Secretary of State

Current Principal Place of Business:

ONE CVS DR
WOONSOCKET, RI 02895

New Principal Place of Business:

Current Mailing Address:

ONE CVS DR
WOONSOCKET, RI 02895

New Mailing Address:

FEI Number: 20-1129713

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: MOFFATT, THOMAS S
Address: ONE CVS DR
City-St-Zip: WOONSOCKET, RI 02895

Title: MGR (X) Delete
Name: MCMONAGLE GLASS, DIANE
Address: ONE CVS DR
City-St-Zip: WOONSOCKET, RI 02895

Title: MGR (X) Delete
Name: LUKER, MELANIE K
Address: ONE CVS DR
City-St-Zip: WOONSOCKET, RI 02895

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: CVS PHARMACY, INC.,
Address: ONE CVS DR
City-St-Zip: WOONSOCKET, RI 02895 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MELANIE K. LUKER, ASST. SECY.

AS

01/19/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date