

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000037891

1. Entity Name
CVS EGL 1723 FL, L.L.C.



Principal Place of Business
ONE CVS DR
WOONSOCKET, RI 02895

Mailing Address
ONE CVS DR
WOONSOCKET, RI 02895

FILED

06 APR 21 AM 8:43

OFFICE OF THE CLERK
TALLAHASSEE, FLORIDA



01052006No Chg-LLC

CR2E083 (11/05)

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4. FEI Number
05-0603645

Applied For
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 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
[Signature]

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 *Linda M. Cimbron* Linda Cimbron
Authorized Representative
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/5/06
Date

401-765-1500
Daytime Phone #