


FILED
May 27, 2003 8:00 am
Secretary of State

04-23-2003 90130 019 ****50.00

**LIMITED LIABILITY COMPANY
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # M02000000940
 1. Entity Name
 CVS 4987 FL, L.L.C.



DO NOT WRITE IN THIS SPACE

44002430

2. Principal Place of Business
 One CVS Drive
 Suite, Apt. #, etc.
 Legal Department

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

DO NOT WRITE IN THIS SPACE

City & State
 Woonsocket

City & State

4. FEI Number 02-0583921 Applied For
 Not Applicable

Zip RI Country USA Zip Country

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

**DO NOT WRITE
 IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name CT Corporation System

Street Address (P.O. Box Number is Not Acceptable)

1200 South Pine Island Road

City Plantation FL Zip Code 33324

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FEE IS \$50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CVS Meridian, Inc., Managing Member One CVS Drive Woonsocket RI 02895	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		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

CR2E083B (12/02)

11. I hereby certify that the information supplied with this filing does not qualify 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 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, 4-15-03 401-770-3565
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

Assistant Secretary
 of CVS Meridian, Inc.