


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

04-23-2003 90130 010 ****50.00

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

DOCUMENT # M02000000969
 1. Entity Name
 CVS 5784 FL, L.L.C.



DO NOT WRITE IN THIS SPACE

44002457

| | | | |
|---|----------------|----------------------------|---------|
| 2. Principal Place of Business One CVS Drive | | 3. Mailing Address same | |
| Suite, Apt. #, etc. Legal Department | | Suite, Apt. #, etc. | |
| City & State Woonsocket | | City & State | |
| Zip RI | Country USA | Zip | Country |

DO NOT WRITE IN THIS SPACE

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|--|--|--|--|-------------------|
| DO NOT WRITE IN THIS SPACE | 4. FEI Number 01-0665765 | | | Applied For |
| | | | | Not Applicable |
| | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | | | |
| | 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 | |
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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 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.