


**FILED**  
**Apr 23, 2003 8:00 am**  
**Secretary of State**

04-23-2003 90130 012 \*\*\*\*50.00

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

DOCUMENT # M02000001170  
 1. Entity Name  
 CVS 5674 FL, L.L.C.



**J0059489**

**DO NOT WRITE IN THIS SPACE**

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 **01-0691296**  
 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., Member**  
**One CVS Drive**  
**Woonsocket RI 02895**

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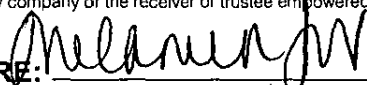
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**DO NOT WRITE  
 IN THIS SPACE**

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, Auth. Rep.** 4-15-03 401-770-3565  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083B (12/02)