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

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

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1. Entity Nan						0 1 23 2003 7	01200	00 30.00		
CVS	5786 FL, L.L.C.		$\sqrt{}$							
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2. Principal F	Place of Business S Drive	3. Mailing Address same	•							
Suite, Apt. #, etc. Suite, Apt. Legal Department			pt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & Stat		City & State	City & State			4. FEI Number 01-0714426 Applied For Not Applicable				ì
Zip RI	Country USA	Zip	Cour	ıtry	5. Ce			5.00 Additional e Required	ì	
			 		7. Nan	ne and Addres	s of Current Reg	istered A	gent	i
				Name (CT Corpora	Corporation System				
DO NOT WRITE IN THIS SPACE				·	at Address (P.O. Box Number is Not Acceptable)					ı
					1200 South Pine Island Road					
				City Plantat				FL	Zip Code 33324	ı
SIGNATURE	Signature, typed or printed name of registered of MANAGING ME	Make Check P	FEE IS ayable to F	orida Dep	artment of S	iate		DATE		ı
TITLE	r			E						302
NAME	CVS Meridian, Inc., Managing Member One CVS Drive			IE .			5.6			12
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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.

ATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Melanie K. Luker,

4-15-03

401-770-3565