


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

04-23-2003 90130 024 ****50.00

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

DOCUMENT # M02000001320 1. Entity Name CVS 3231 FL, L.L.C.	
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DO NOT WRITE IN THIS SPACE

44002425

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

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE	4. FEI Number 03-0457805	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		
State 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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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.