


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

04-23-2003 90130 017 ****50.00

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

DOCUMENT # M02000001396
 1. Entity Name
 CVS 5146 FL, L.L.C.



DO NOT WRITE IN THIS SPACE

44002427

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 48-1272570

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 | |

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.