


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

04-23-2003 90130 015 ****50.00

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

DOCUMENT # M02000001397
 1. Entity Name
 CVS 5448 FL, L.L.C.



DO NOT WRITE IN THIS SPACE

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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.		4. FEI Number 48-1272578		Applied For Not Applicable	
City & State Woonsocket		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required			
Zip RI	Country USA	Zip	Country				

**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	
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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,** **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.