## 2003 LIMITED LIABILITY COMPANY **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # M0200001899 1. Entity Name



Apr 21, 2003 8:00 am Secretary of State

04-21-2003 90126 042 \*\*\*\*50.00

SCP 2002	C-3 FFC							
Principal Place of Business ONE CVS DRIVE LEGAL DEPT. WOONSCKET RI 02895		Mailing Address ONE CVS DRIVE LEGAL DEPT. WOONSCKET RI 02895			HEEN IN ESNE HEN SENCESIN	A BELIK ROKU BEKBI KIRO) M	HITO KONING TORK TÖDA	
2. Principal Place of Business  10 Melonn Properties		3. Mailing Address UO Heldon Properties						
Suite, Apt. #, etc.		Suite, Apt. #, etc. 1995 60000	Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES			
City & Stat	0	City & State	0	4. FEI Nu		3246	Applied For Not Applicable	7
Zip 1007/2		10073	Country S.	ν,	ate of Status Desired	□ \$5.00 Fee Req	Additional juired	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent					-
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324			Nat	Street Address (P.O. Box Number is Not Acceptable)				
PLA	NIATION FL 33324			NOUTH H	eridian			
			City	<u>allahasee</u>		_ [- 37	230\	}
the obligat	named entity submits this statement for ions of registered agent.	the purpose of changing its i	registered office o	r registered agent, or ANN ASS	both, in the State of Flo MASUÉ, WMM/A SECY.	rida. I am familiar w S 4/7/03	ith, and accept	
SIGNATURE .	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE	: Registered Agent signa	ture required when reinstating	<del></del>	DATE		]
		Make Check Payable	W!!! FEE IS S e to Florida De By May 1, 200	partment of State				
9.	MANAGING MEMBE	<del></del>	10.	3 1 5 4	ADDITIONS/	CHANGES		_ [
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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.

CITY-ST-ZIP