## FILED Apr 28, 2003 8:00 am Secretary of State

2003 LIM	ITED LIABII	LITY COMP	YNA
UNIFORM	<b>BUSINESS</b>	REPORT (	UBR)
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1. Entity Na	JMENT # M02000 02C-12 LLC	001908			04-07-20	003 90609 005 *	20.00
Principal Pla	ace of Business	Mailing Address					
ONE CVS DR WOONSOCKE	rive. Legal department et ri 02895	ONE CVS DRIVE, LEGAL WOONSOCKET RI 02895	DEPARTMENT				
						<b>88</b>	
2. Principal 933 Suite, Apl			uglas Avi			#B411 #\$100 #\$161 1161A 1611! J	18(8) ten 1247
	Fe 1500	Suite Apt. #, etc.	500		CHECK HERE	F MAKING CHANGES	\$
	ale TV	City's State	ŢΥ	4. FEI Nurr D(-	D012435	N	pplied For of Applicable
Zip 152	aas County H	<sup>™</sup> 15225	Country	5. Certifica	ite of Status Desired	S5.00 Ad Fee Require	
	6. Name and Address of Curren		<del></del>	7. Name a	nd Address of New Re	gistared Agent	= 44
120	T CORPORATION SYSTEM 00 SOUTH PINE ISLAND ROAD ANTATION FL 33324	۵ کې چې د د و د د د د د د د د د د د د د د د د	Name Street Add	ress (P.O. Box Num	ber is Not Acceptable)		-
			City		<del></del>	FL Zip Coo	te i
a The show	re named entity submits this statement to			-istsit b	oth is the State of Flor		
		or the purpose of changing it	e redisteten ource or te	gisiared agent, or c	out, in the State of Flor	iola. I sin istinisi witi,	and accept
na conds	ations of registered agent.						
SIGNATURE		410				DAYE	
_			TE: Registered Agent signature		<u> </u>	DATE	
_			OWIII FEE IS \$50	.00		DATE	
_		FILE N Make Check Payat	OWIII FEE IS \$50	.00		DATE	
_	Signature, typed or printed name of registered agent	FILE N Make Check Payat Du	OWIII FEE IS \$50 ble to Florida Depa	.00	ADDITIONS/	CHANGES	
SIGNATURE  9. IIILE	Signature, typed or priviled name of registered again	FILE N Make Check Payat Du ERS/MANAGERS  Delete	OW!!! FEE IS \$50 ble to Florida Departs se By May 1, 2003	.00	ADDITIONS/0		Addition (
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