LIMITED LIABILITY COMPANY

FILED May 28, 2003 8:00 am Secretary of State

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	MENT # M020000	02181	/						
1. Entity Nar	5852 FL, L.L.C.								
000	3032 T L, E.L.O.		Ý						
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Principal Place of Business 3. Mailing Address						440	0249	<i>0</i> 1	
One CV		same				<u>,</u>			
Suite, Apt Legal De	epartment	Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE			
City & Sta Woonso		City & State	City & State			4. FEI Number 32-0032023 Applied For			
Zip	Country	Zip	Zip Country		E Costill			Not Applicable \$5.00 Additional	
RI	USA					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)					
				4000 0 - 11 - 12 - 13 - 13					
d d				1200 South Pine Island Road					
				City Plantation FL Zip Code 33324 ered office or registered agent, or both, in the State of Florida. I am familiar with, and accept					
	e named entity submits this statement tions of registered agent.	for the purpose of changing	j its register	ed office or re	egistered agent, o	r both, in the State	e of Florida. I am fe	emiliar with, and accept	
SIGNATURE									
Signature, typed or printed name of registered agent and title if applicable. FEE IS \$50.00						DATE DATE			
		Make Check Pay			rtment of Stat	е -			
_			DUE BY	(MAY 1					
9. TITLE	MANAGING MEME		TITL	E	<u> </u>				
NAME	CVS Vanguard, Inc., Managing Member One CVS Drive		NAM			*	1	(12/0	
STREET ADDRESS CITY-ST-ZIP	Woonsocket RI 02895		- 1	EET ADDRESS '-ST-ZIP	*			83	
TITLE			TITL			· · · · · · · · · · · · · · · · · · ·		CR2E083B (12/02)	
NAME			, NAM	. [•			6	
STREET ADDRESS CITY-ST-ZIP		•		EET ADDRESS '- ST- ZIP	-				
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CITY-ST-ZIP				'-ST-ZIP			i i		
TITLE	i		TITL	τ	•		t .	,	

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 a use 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 companyor the receiver or trustee employered to execute this report as required by Chapter 608, Florida Statutes.

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

NAME STREET ADDRESS

TITLE

NAME

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

ND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Rose Scheer

5-15-03 Date

401-770-3565

Daytime Phone #