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

DOCUMENT # M02000002186

1. Entity Name CVS 5853 FL, L.L.C.



## **FILED** May 28, 2003 8:00 am Secretary of State 04-23-2003 90130 002 \*\*\*\*50.00

| DO NOT WRITE IN THIS SPACE                     |   |                                  |  | 44002693   |                                   |  |
|--|---|----------------------------------|--|--|-----------------------------------|--|
| Principal Place of Business     One CVS Drive  |   | 3. Mailing Address same          |  | <u> </u>   |                                   |  |
| Suite, Apt. #, etc. Legal Department           |   | Suite, Apt. #, etc.              |  | DO NOT WRITE IN THIS SPACE   |                                   |  |
| City & State<br>Woonsocket                     |   | City & State                     |  | 4. FEI Number 32-0032024 Applied For Not Applicable  |                                   |  |
| RI<br>RI                                       | Country<br>USA  | - Zip                            | Country  | 5. Certificate of Status Desired   | \$5.00 Additional<br>Fee Required |  |
|  |   |                                  |  | 7. Name and Address of Current Regis   | tered Agent                       |  |
|  | DO NOT  | 1 A 2 Pm 1 mm                    | Name CT C  | Name CT Corporation System   |                                   |  |
|  | DO NOT  |                                  | Street Address   | Street Address (P.O. Box Number is Not Acceptable)   |                                   |  |
|  | IN THIS   | SPACE                            |  | Pine Island Road   |                                   |  |
|  | r<br>k  | •                                | City Plantat   | tion   | FL Zip Code 33324                 |  |
| the obligat                                    | named entity submits this statem<br>ions of registered agent.               | ent for the purpose of changing  | ) its registered office or regist                      | tered agent, or both, in the State of Florida. I   | am familiar with, and accept      |  |
| SIGNATURE .                                    | Signature, typed or printed name of registered                              | d agent and title if applicable. |  | 0  | ATE                               |  |
| 9. TITLE NAME STREET ADDRESS CITY-ST-ZIP       | MANAGING M<br>CVS Vanguard, Inc., M<br>One CVS Drive<br>Woonsocket RI 02895 | EMBERS/MANAGERS  Managing Member | DUE BY MAY 1  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP | rent of State  | (COLOR) BOOK                      |  |
| 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 WI  | RITE                              |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |                                  | TITLE<br>NAME<br>STHEET ADDRESS<br>CITY-ST-ZIP         | IN THIS SPACE  |                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |                                  | TITLE NAME STREET ADDRESS CITY-ST-ZIP                  | The second secon |                                   |  |
| THILE NAME STREET ADDRESS                      | ,   |                                  | TITLE NAME STREET ADDRESS                              |  |                                   |  |

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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

NG MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Rose Scheer

5-15-03

401-770-3565

Daytime Phone #