LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED Apr 23, 2003 8:00 am Secretary of State 04-23-2003 90236 045 ****50.00

DOCUMENT # M02000002622
1. Entity Name
CVS 5899 FL, L.L.C.



CVS 5899 FL, L.L.C.			\checkmark			
	DO NOT WRITE	IN THIS	SPAC		30059506	
2. Principal Place of Business 3. Mailing A Same			-			
Suite, Apt. Legal De	#, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS	SPACE
City & State Woonsocket		City & State		4. FEI Number 74-3067179	Applied For Not Applicable	
Zip RI	Country USA	Zip	Coun	try	5. Certificate of Status Desired	\$5.00 Additional Fee Required
	* 111			A1	7. Name and Address of Current Registere	d Agent
DO NOT WRITE				C1 C0	orporation System	
	IN THIS SE	. "		Street Address (P.O. Box Number is Not Acceptable)	
State of the Committee		MOL			Pine Island Road	
		en en Englander gebeure		City Plantation	on FL	Zip Code 33324
SIGNATURE .	ons of registered agent. Signature, typed or printed name of registered agent	Make Check Pa	FEE IS yable to FI DUE BY	orida Departme	nt of State	
9.	MANAGING MEMBE	ERS/MANAGERS				in the second second
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CVS Meridian, Inc., Memb One CVS Drive Woonsocket RI 02895	per		- 1		
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP					DO NOT WRI	TE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					IN THIS SPAC	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ertify that the information supplied with		CITY-	ET ADDRESS ST-ZIP		

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

Melanie K. Luker, Auth. Rep.

4-15-03

401-770-3565

MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Daytime Phone #