## LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED May 27, 2003 8:00 am Secretary of State

04-23-2003 90236 044 \*\*\*\*50.00

DOCUMENT	#	M0200000262	4
1. Entity Name			

CVS 5901 FL, L.L.C.



## DO NOT WRITE IN THIS SPACE 44002444 2. Principal Place of Business 3. Mailing Address One CVS Drive same Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Legal Department City & State City & State Applied For 4. FEI Number 74-3067178 Woonsocket Not Applicable Zip RI Country Zip Country \$5.00 Additional 5. Certificate of Status Desired USA Fee Required 7. Name and Address of Current Registered Agent CT Corporation System DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) IN THIS SPACE 1200 South Pine Island Road City Plantation 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable FEE IS \$50.00 Make Check Payable to Florida Department of State DUE BY MAY 1 MANAGING MEMBERS/MANAGERS 9. CR2E083B (12/02) TITLE TITLE CVS Meridian, Inc., Managing Member NAME NAME One CVS Drive STREET ADDRESS STREET ADDRESS Woonsocket RI 02895 CITY-ST-ZIP CITY-ST-7IP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE IN THIS SPACE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

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 leport 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.

SIGNATURE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING

Melanie K. Luker,

**4-15-**03

401-770-3565

Date

Daytime Phone #