2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 30, 2007 8:00 am Secretary of State

Maining Address Maining Address ONE CND ROYS CREATED ONE CND ROYS CREATE CREATE ONE CND ROYS CREATE	1. Entity Nam	MENT # M02000003 5-C23-134 LLC		04-30-2007 90067 029 ****50.00				
SIGNA AUR PINCE SIGNA	ONE CVS DRI LEGAL DEPAI	ive Rment	ONE CVS DRIVE LEGAL DEPARMENT	i			<u>-</u> 1111 11511	
STE 200 STE 200 STE 200 STE 200 STE 200 ALLAS TX Covity Salto DALLAS TX Applied for MARAplead for Scority S. Covity S. S. Confidence of Status Desirad Scorit Address of New Registered Agent City FL Zip Code The above named entity submiss this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am farst'ar with, and accept the actignations of registered agent. SIGNATURE SIGNATURE Filling Fee is \$50.00 Due by May 1, 2007 Filling Fee is \$50.00 Due by May 1, 2007 Make check payable to Florida Department of State MARAPHANACY INC. SIGNATURE SIGNATURE MARAPHANACY INC. SIGNATURE M	1525	FAIRMOUNT ST.	2525 FAIR	MOUNT ST.				
DALLAS SALLAS SAL	STE	200	STE 200				· · · · · · · · · · · · · · · · · · ·	
Summariant devices of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address 7. Name				X	1			
Street Address of New Registered Agent T. Name and Address of New Registered Agent	Zip 7520		75201	Country U.S.	5. Certificate	of Status Desired		
Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) City FL Zp Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the objections of registered agent, or both, in the State of Florida. I am familiar with, and accept the objections of registered agent, or both, in the State of Florida. I am familiar with, and accept the objections of registered agent, or both, in the State of Florida. I am familiar with, and accept the objection of the state of Florida agent with a comparison of State of Florida Department of Flori		6. Name and Address of Current I	Registered Agent		<u> </u>			
City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent with the state of Florida. I am familiar with, and accept the obligations of registered agent with the state of Florida. I am familiar with, and accept the obligations of registered agent with the state of Florida. I am familiar with, and accept the obligations of registered agent with the state of Florida. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Florida. I am familiar with, and accept the the obligations of registered agent. Or both, in the State of Florida. I am familiar with, and accept the the State of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida State of Florida. I am familiar with, and accept the state of Florida State of Fl	CTCORP	ORATION SYSTEM						
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature typical or printed name of rightered agent and skell inapticable. (NOTE Registered Agent signature required when remeating) DATE			Street Address	(P.O. Box Numb	er is Not Acceptable	·) 	·	
THE DOUBLE STATUMENT TO THE STATUMENT STATUMEN				City			FL Zip Coo	de
Filing Fee Is \$50.00 Due by May 1, 2007 MANAGING MEMBERS / MANAGERS TILE			the purpose of changing its re-	gistered office or regist	ered agent, or bo	th, in the State of Flo	rida. I am familiar with	, and accept
Filling Fee is \$50.00 Due by May 1, 2007 8. MANAGING MEMBERS/MANAGERS ITTLE MORRY CAS PHARMACY INC. ONLE CAS PHARMACY INC. ONL CAS PHARMACY INC. ONLE CAS PHAR	SIGNATURE.	Signature, typed or printed name of registered agent a	ind title if applicable. (NOTE: R	legistered Agent signature requir	ed when reinstating)	- · · · · · · · · · · · · · · · · · · ·	DATE	
9. MANAGING MEMBERS / MANAGERS 10. ADDITIONS / CHANGES TILE								- 3 - 1
MANAGING MEMBERS / MANAGERS 10. ADDITIONS / CHANGES Addition Additi	Due by May 1, 2007					Florida		te 11
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRES	9.	MANAGING MEMBE	RS/MANAGERS	10.			CHANGES	
STREET ADDRESS CITY-ST-ZIP TITLE THE TRESTORIESS CITY-ST-ZIP TITLE THE TRESTORIESS CITY-ST-ZIP TITLE THE TRESTORIESS CITY-ST-ZIP TITLE THE TRESTORIESS CITY-ST-ZIP TITLE THE TRESTORIESS CITY-ST-ZIP TITLE THE TRESTORIESS CITY-ST-ZIP TITLE THE TRESTORIESS CITY-ST-ZIP TITLE THE TRESTORIESS CITY-ST-ZIP TITLE THE TRESTORIESS CITY-ST-ZIP TITLE THE TRESTORIESS CITY-ST-ZIP TITLE THE TRESTORIESS CITY-ST-ZIP TITLE THE TRESTORIESS CITY-ST-ZIP TITLE THE TRESTORIESS THE TADDRESS CITY-ST-ZIP TITLE THE TRESTORIESS THE TADDRESS CITY-ST-ZIP TITLE THE TRESTORIESS THE TADDRESS TITLE TADDRESS TITLE THE TRUE THE TRU	f '		Delete Delete				☐ Change	Addition
TITLE NAME STREET ADDRESS STATE ADDRESS STATE ADDRESS STATE ADDRESS STATE ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZI								
NAME STREET ADDRESS CITY-ST-ZIP TITLE V.P. SECRETARY TREASURER Delete NAME STREET ADDRESS CITY-ST-ZIP TITLE MANAGER STREET ADDRESS CITY-ST-ZIP TITLE MANAGER STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRE		-WOONSOCKET; RI- 02895						
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	NAME	PRESIDENT	☐ Delete					
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-		2525 FATRNOUNTS	T., STE 200	NAME .			☐ Change	Addition
TITLE MANAGER NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP THE Change Addition Addition NAME NAME STREET ADDRESS CITY-ST-ZIP THE Change Addition Addition NAME STREET ADDRESS CITY-ST-ZIP THE CHANGE ADDRESS CITY-ST-ZIP THE CHANGE		2525 FATRNOUNTS DALLAS, TX 75	61	NAME STREET ADDRESS CITY-ST-ZIP				
TITLE MANAGER NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP THE Change Addition Addition NAME NAME STREET ADDRESS CITY-ST-ZIP THE Change Addition Addition NAME STREET ADDRESS CITY-ST-ZIP THE CHANGE ADDRESS CITY-ST-ZIP THE CHANGE	TITLE	DALLAS, TX 750 V.P. SECRETARY, TRE	6) AS URER 🗆 Delete	NAME STREET ADDRESS CITY-ST-ZIP TITLE				
NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE	TITLE NAME	2525 FATRMOUNTS DALLAS, TX 752 V.P., SECRETARY, TRE GREG LOVAS 2 1525 FATRMOUNTS	6] AS URER □ Delete T. STE 200	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS				
STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2525 FAIRMOUNTS DALLAS, TX 750 V.P. SECRETARY, TRE GREG LOVAS 2 2525 FAIRMOUNTS DALLAS, TX 750	0] AS URER □ Delete T. STE 200	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	△ Addition
CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STRE	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	2525 FARMOUNTS DALLAS, TX 750 V.P. SECRETARY TRE GREG LOVAS 2 1525 FARMOUNTS DALLAS, TX 750 MANAGER TEEELEY MENS		NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE			☐ Change	△ Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP 11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	2525 FARMOUNTS DALLAS, TX 750 V.P. SECRETARY TRE GREG LOVAS 2 1525 FARMOUNTS DALLAS, TX 750 MANAGER TEEELEY MENS		NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME			☐ Change	△ Addition
STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	2525 FARMOUNTS DALLAS, TX 750 V.P. SECRETARY TRE GREG LOVAS 2 1525 FARMOUNTS DALLAS, TX 750 MANAGER TEEELEY MENS		NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS			☐ Change	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	2525 FARMOUNTS DALLAS, TX 750 V.P. SECRETARY TRE GREG LOVAS 2 1525 FARMOUNTS DALLAS, TX 750 MANAGER TEEELEY MENS	Delete Delete	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			☐ Change	Addition Addition
NAME STREET ADDRESS CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	2525 FARMOUNTS DALLAS, TX 750 V.P. SECRETARY TRE GREG LOVAS 2 1525 FARMOUNTS DALLAS, TX 750 MANAGER TEEELEY MENS	Delete Delete	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME			☐ Change	Addition Addition
STREET ADDRESS CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS	2525 FARMOUNTS DALLAS, TX 750 V.P. SECRETARY TRE GREG LOVAS 2 1525 FARMOUNTS DALLAS, TX 750 MANAGER TEEELEY MENS	Delete Delete	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS			☐ Change	Addition Addition
CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TAME TREET ADDRESS CITY-ST-ZIP TITLE	2525 FARMOUNTS DALLAS, TX 750 V.P. SECRETARY TRE GREG LOVAS 2 1525 FARMOUNTS DALLAS, TX 750 MANAGER TEEELEY MENS	Delete Delete	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TREET ADDRESS CITY-ST-ZIP TITLE NAME TREET ADDRESS CITY-ST-ZIP			☐ Change	Addition Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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	TITLE NAME STREET ADDRESS CITY- ST-ZIP TITLE NAME	2525 FARMOUNTS DALLAS, TX 750 V.P. SECRETARY TRE GREG LOVAS 2 1525 FARMOUNTS DALLAS, TX 750 MANAGER TEEELEY MENS	Delete Delete	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME			☐ Change	Addition Addition
	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	2525 FARMOUNTS DALLAS, TX 750 V.P. SECRETARY TRE GREG LOVAS 2 1525 FARMOUNTS DALLAS, TX 750 MANAGER TEEELEY MENS	Delete Delete	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition Addition

RINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE