
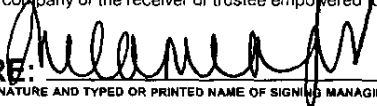


**FILED**  
**Apr 23, 2003 8:00 am**  
**Secretary of State**

04-23-2003 90236 043 \*\*\*\*50.00

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

|   |  |  |                                       |
|---|--|--|---------------------------------------|
| <b>DOCUMENT # M02000003223</b>  |  |                         |                                       |
| 1. Entity Name<br>CVS 5912 FL, L.L.C.   |  |  |                                       |
| <b>DO NOT WRITE IN THIS SPACE</b>   |  |  |                                       |
| 2. Principal Place of Business<br>One CVS Drive<br>Suite, Apt. #, etc.<br>Legal Department  |  | 3. Mailing Address<br>same<br>Suite, Apt. #, etc.  |                                       |
| City & State<br>Woonsocket  |  | City & State   |                                       |
| Zip<br>RI   | Country<br>USA   | Zip  | Country                               |
| 4. FEI Number<br>35-2189841   |  | Applied For<br><input type="checkbox"/> Not Applicable   |                                       |
| 5. Certificate of Status Desired <input type="checkbox"/>   |  | \$5.00 Additional Fee Required   |                                       |
| <b>7. Name and Address of Current Registered Agent</b>  |  |  |                                       |
| Name<br>CT Corporation System   |  |  |                                       |
| Street Address (P.O. Box Number is Not Acceptable)<br>1200 South Pine Island Road   |  |  |                                       |
| City<br>Plantation  |  | FL Zip Code<br>33324   |                                       |
| <b>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.</b>  |  |  |                                       |
| SIGNATURE _____ DATE _____<br><small>Signature, typed or printed name of registered agent and title if applicable</small>   |  |  |                                       |
|   |  | <b>FEE IS \$50.00</b><br><b>Make Check Payable to Florida Department of State</b><br><b>DUE BY MAY 1</b> |                                       |
| <b>9. MANAGING MEMBERS/MANAGERS</b>   |  |  |                                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | CVS Meridian, Inc., Member<br>One CVS Drive<br>Woonsocket RI 02895 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>DO NOT WRITE<br/>IN THIS SPACE</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |                                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |                                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |                                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |                                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  | TITLE<br>NAME<br>STREET ADDRESS<br>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)(l), 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 or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. |  |  |                                       |
| <b>SIGNATURE:</b>    |  | Melanie K. Luker, Auth. Rep. 4-15-03 401-770-3565  |                                       |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>  |  | <small>Date Daytime Phone #</small>  |                                       |

CR2E083B (12/02)