

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M03000001458

Entity Name: SCP-2006-C23-136 LLC

FILED
Apr 16, 2007
Secretary of State

Current Principal Place of Business:

ONE CVS DRIVE, LEGAL DEPARTMENT
WOONSOCKET, RI 02895

New Principal Place of Business:

3234 RIVERVIEW LANE
DAYTONA BEACH, FL 32118

Current Mailing Address:

ONE CVS DRIVE, LEGAL DEPARTMENT
WOONSOCKET, RI 02895

New Mailing Address:

3234 RIVERVIEW LANE
DAYTONA BEACH, FL 32118

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

SERAVALLI, JOSEPH
3234 RIVERVIEW LANE
DAYTONA BEACH, FL 32118 US

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.

SIGNATURE: JOSEPH SERAVALLI

04/16/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: CVS PHARMACY, INC.,
Address: ONE CVS DRIVE
City-St-Zip: WOONSOCKET, RI 02895 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: SERAVALLI, JOSEPH
Address: 3234 RIVERVIEW LANE
City-St-Zip: DAYTONA BEACH, FL 32118 US

Title: MGR () Change (X) Addition
Name: SERAVALLI, JOHN
Address: 3234 RIVERVIEW LANE
City-St-Zip: DAYTONA BEACH, FL 32118

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JOSEPH SERAVALLI

MGR

04/16/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date