FILED Jun 11, 2007 8:00 am Secretary of State 05-11-2007 90199 035 ****50.00

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

S. Name and Address of Current Registered Agent F. Name and Address of Status Desired S. Conflictate of Status Desired S. Required F. Name and Address of New Registered Agent T. Name and Address of New Registered Agent C. T. CORPORATION SYSTEM Name Shoet Address (P.O. Box Number is Not Acceptable) FL Zp Code F. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Portida. I am furnitar with, and acceptable or the obligations of registered agent, or both, in the State of Portida. I am furnitar with, and acceptable or the obligations of registered agent, or both, in the State of Portida. I am furnitar with, and acceptable or the purpose of changing its registered office or registered agent, or both, in the State of Portida. I am furnitar with, and acceptable or the obligations of registered agent, or both, in the State of Portida. I am furnitar with, and acceptable or the purpose of changing its registered agent, or both, in the State of Portida. I am furnitar with, and acceptable or the purpose of changing its registered agent, or both, in the State of Portida. I am furnitar with, and acceptable or the purpose of changing its registered agent, or both, in the State of Portida. I am furnitar with, and acceptable or the purpose of changing its registered agent, or both, in the State of Portida. I am furnitar with, and acceptable or the purpose of the state agent agent and acceptable or the purpose of the state agent	1. Entity Nam	MENT # M0500000 of FL, L.L.C.	2033				-				
Suite, Apt. 4, etc. Suite, Apt. 4, etc.	ONE CVS DR	VE	ONE CVS DRIVE	395							
City & State Ci	2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address								
Zip Country Zip Country 3.5-2255048 Not Applie 6. Name and Address of Current Registered Agent 7. Name and Address of Status Desired 55.00 Additional Pack Required 1200 SOUTH PINE ISLAND ROAD PLANTATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 E. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Forida. I am familiar with, and act the originators of registered agent, or both, in the State of Forida. I am familiar with, and act the originators of registered agent, or both, in the State of Forida. I am familiar with, and act the originators of registered agent, or both, in the State of Forida. I am familiar with, and act the originators of registered agent, or both, in the State of Forida. I am familiar with, and act the originators of registered agent, or both, in the State of Forida. I am familiar with, and act the originators of registered agent, or both, in the State of Forida. I am familiar with, and act the originators of registered agent, or both, in the State of Forida. I am familiar with, and act the originators of registered agent, or both, in the State of Forida. I am familiar with, and act the originators of registered agent, or both, in the State of Forida Department of State. Filling Foe is \$50.00 But MANA GRIS Department of The purpose of changing its registered agent, or both, in the State of Forida Department of State. Filling Foe is \$50.00 But Make Chack payable to Filling Foe is \$50.00 Filling Foe is \$50.00 But CVS Pharmacy, Inc. One CVS Pharmacy, Inc. One CVS Pharmacy, Inc. One CVS Pharmacy i	Suite, Apt. #, etc.		Suite, Apt. #, etc.			01242	1007 Chg-Li	LC C	CR2E083 (1	2/06)	
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Street Address (P.C. Box Number is Not Acceptable) City FL Zip Code		6. Name and Address of Current	Registered Agent	L.—	Nama	7. Nan	e and Address o	of New Regis			
8. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. I am familiar with, and act the obligations of registered agent. SIGNATURE Signature S	1200 SOU	TH PINE ISLAND ROAD				dress (P.O. Box	(P.O. Box Number is Not Acceptable)				
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