

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000004651

Entity Name: ST. AUG WATSON, LLC

FILED
Apr 29, 2009
Secretary of State

Current Principal Place of Business:

ONE CVS DRIVE, LEGAL DEPARTMENT
WOONSOCKET, RI 02895

New Principal Place of Business:

465 DART MOOR
LAGUNA BEACH, CA 92651

Current Mailing Address:

ONE CVS DRIVE, LEGAL DEPARTMENT
WOONSOCKET, RI 02895

New Mailing Address:

465 DART MOOR
LAGUNA BEACH, CA 92651

FEI Number: 20-5547613

FEI Number Applied For ()

FEI Number Not Applicable ()

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:

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:

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

ADDITIONS/CHANGES:

Title: MNGR (X) Change () Addition
Name: OLIVIER, JASON
Address: 465 DART MOOR
City-St-Zip: LAGUNA BEACH, CA 92651

I hereby certify that the information supplied with this filing does not qualify 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: JASON OLIVIER

MGNR

04/29/2009

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