

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L01000019490

1. Entity Name
HOLIDAY CVS, L.L.C.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 APR 21 AM 10:43

Principal Place of Business
ONE CVS DRIVE, LEGAL DEPT.
WOONSOCKET, RI 02895

Mailing Address
ONE CVS DRIVE, LEGAL DEPT.
WOONSOCKET, RI 02895



01092006 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 03-0394176	Applied For Not Applicable
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5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2006**

100071798221
04/24/06--01005--011 **50550.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	CVS PHARMACY, INC.
STREET ADDRESS	ONE CVS DRIVE
CITY-ST-ZIP	WOONSOCKET, RI 02895
TITLE	
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	

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IN THIS SPACE

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 limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Linda M. Cimbron Linda Cimbron 4/15/06 401-765-1500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #