2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000070125

1. Entity Name

CITY-ST-ZIP TITLE

STREET ADDRESS CITY-\$1-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

CANCER CARE CENTER PROPERTY MANAGEMENT COMPANY, L.L.C.



FILED Jan 27, 2006 08:00 AN **Secretary of State**

Principal Place of Business

Mailing Address

401 MANATEE AVENUE EAST, SUITE A BRADENTON, FL 34208

401 MANATEE AVENUE EAST, SUITE A BRADENTON, FL 34208



DO NOT WRITE IN THIS SPACE

01172006 No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-1671357

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

INALSINGH, C.H. AMAR Е

DO NOT WRITE

	TEE AVENUE EAST, SUITE A TON, FL 34208	IN THIS SPACE		
	named entity submits this statement for the purpose of challons of registered agent.	l nging its registered office or registered agent, or both	In the State of Florida. I am familiar with, and accept	
SIGNATURE.	Signature, lyped or printed name of registered agent and title if applicable	(NOTE Registered Agent signature required when refinstating)	DATE	
FI	lling Fee is \$50.00 ue by May 1, 2006			
9.	MANAĞING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR INALSINGH, C.H. AMAR 401 MANATEE AVENUE EAST, SUITE A BRADENTON, FL 34208		U00000404267	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			02/06/06-80041-005 50.0	
NAME STREET ADDRESS CITY-ST-ZIP		DO	NOT WRITE	
TITLE NAME STREET ADDRESS		IN T	HIS SPACE	

11. I hereby certify that the information supplied with this filting 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.

v /		_	1-45-06		
SIGNATURÉ:		0 11 a	Inalsinah	941748 4324	
	D OF PRINTED NAME OF SIGNING MANAGING MEM	BER, OR AUTHORIZED REPRESENTATIVE	Date	Daytime Phone #	