

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000006447

FILED  
May 31, 2006  
Secretary of State

Entity Name: JS CANCER CENTER REAL ESTATE HOLDINGS, LLC

**Current Principal Place of Business:**

301 SOUTH LAKE STREET  
LEESBURG, FL 34748

**New Principal Place of Business:**

**Current Mailing Address:**

301 SOUTH LAKE STREET  
LEESBURG, FL 34748

**New Mailing Address:**

FEI Number: 20-2196770      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

JACOBSON, HAL  
301 SOUTH LAKE STREET  
LEESBURG, FL 34748      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: ( ) Delete  
Name:  
Address:  
City-St-Zip:

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

**ADDITIONS/CHANGES:**

Title: DR ( ) Change (X) Addition  
Name: JACOBSON, HAL M  
Address: 301 S LAKE STREET  
City-St-Zip: LEESBURG, FL 34748

Title: MR ( ) Change (X) Addition  
Name: SCOTT, KENNETH L  
Address: 301 S LAKE STREET  
City-St-Zip: LEEBURG, FL 34748

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: KENNETH L SCOTT

MR

05/31/2006

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