
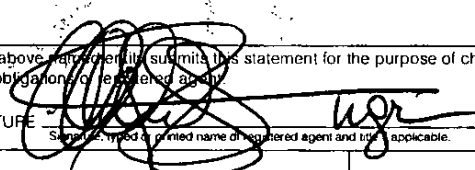
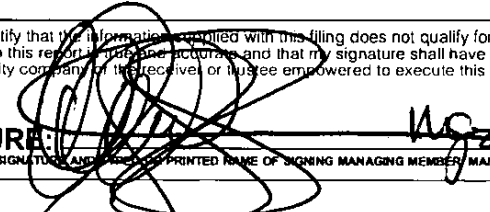


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 29, 2008 8:00 am**  
**Secretary of State**

04-29-2008 90023 018 \*\*\*138.75

<b>DOCUMENT # L07000095051</b>					
1. Entity Name <b>CANCER THIS, LLC</b>					
Principal Place of Business <b>3750 SILVER BLUFF BLVD., UNIT 501 ORANGE PARK, FL 32065</b>			Mailing Address <b>3750 SILVER BLUFF BLVD., UNIT 501 ORANGE PARK, FL 32065</b>		
2. Principal Place of Business - No P.O. Box # <b>10104 Cardinal Cove Cir.</b>		3. Mailing Address <b>10104 Cardinal Cove Cir.</b>			
Suite, Apt. #, etc. <b>Scarsdale Fl.</b>		Suite, Apt. #, etc. <b>Scarsdale Fl.</b>			
City & State <b>Scarsdale Fl.</b>		City & State <b>Scarsdale Fl.</b>		4. FEI Number <b>26-2167670</b>	
Zip <b>32711</b>		Country <b>Scarsdale</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>SLUSSER, C. ERIC 3750 SILVER BLUFF BLVD., UNIT 501 ORANGE PARK, FL 32065</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
8. The above information is submitted 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 the registered agent.					
SIGNATURE  DATE <b>4/26/08</b>					
<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>			<b>Make check payable to Florida Department of State</b>		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SLUSSER, C. ERIC 3750 SILVER BLUFF BLVD., UNIT 501 ORANGE PARK, FL 32065	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM C. ERIC Slusser 10104 Cardinal Cove Circle Scarsdale Fl. 32711	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information submitted 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  DATE <b>4/26/08</b>					
SIGNATURE AND PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					