


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 11, 2005 8:00 am**  
**Secretary of State**

04-11-2005 90047 011 \*\*\*\*50.00

**20028553**

DOCUMENT # L04000073341			
1. Entity Name LINEN SYSTEMS FOR HEALTHCARE, LLC.			
Principal Place of Business 9242 LAKE CHASE ISLAND WAY TAMPA, FL 33626		Mailing Address 9242 LAKE CHASE ISLAND WAY TAMPA, FL 33626	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
03212005		Chg-LLC CR2E083 (10/03)	
4. FEI Number 20-1723372		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent BUHL, KARL 9242 LAKE CHASE ISLAND WAY TAMPA, FL 33626		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	
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		DATE	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RAPHAEL, ROBERT 903 SOUTH 4TH STREET RENTON, WA 98057 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <i>See Attached (7 additions)</i>
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 supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>Robert Raphael</i> (Robert Raphael for JKR, LLC)		Date: 3/21/05	Daytime Phone #: (425) 255-8686
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date	Daytime Phone #

ATTACHMENT

20028555

#104000073341

Linen Systems for Healthcare, LLC (Attachment)

Box 10. (additions)

Title: MGR  
Name: JKR, LLC  
Street Address: 903 S. 4<sup>th</sup> Street  
City - St - Zip: Renton, WA 98055

Title: MGR  
Name: Mickey's Linen and Towel Supply, Inc.  
Street Address: 4601 West Addison St.  
City - St - Zip: Chicago, IL 60641

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Title: MGR  
Name: Admiral Linen Services, Inc.  
Street Address: 2030 Kipling  
City - St - Zip: Houston, TX 77098

Title: MGR  
Name: Unitex Holdings, Inc.  
Street Address: 161 S. Macqueston Pkwy  
City - St - Zip: Mt. Vernon, NY 10550

Title: MGR  
Name: Faultless Laundry Co.  
Street Address: 330 W. 19<sup>th</sup> Terrace  
City - St - Zip: Kansas City, MO 64108

Title: MGR  
Name: American Textile Maintenance Co.  
Street Address: 1667 W. Washington Blvd.  
City - St - Zip: Los Angeles, CA 90007

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Title: MGR  
Name: Clean Textile Systems, LP  
Street Address: 51<sup>st</sup> St. and AVRR  
City - St - Zip: Pittsburgh, PA 15201