

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000016853

FILED
Apr 15, 2005
Secretary of State

Entity Name: HOSPITALITY HEALTHCARE, LLC

Current Principal Place of Business:

1688 CANOE CREEK
OVIEDO, FL 32766

New Principal Place of Business:

3227 OPEN MEADOW LOOP
OVIEDO, FL 32766

Current Mailing Address:

1688 CANOE CREEK
OVIEDO, FL 32766

New Mailing Address:

3227 OPEN MEADOW LOOP
OVIEDO, FL 32766

FEI Number: 20-0814850

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCNAMARA, KIMBERLY R
1688 CANOE CREEK
OVIEDO, FL 32766 US

Name and Address of New Registered Agent:

MCNAMARA, KIMBERLY R
3227 OPEN MEADOW LOOP
OVIEDO, FL 32766 US

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: KIMBERLY MCNAMARA

04/15/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: P () Delete
Name: MCNAMARA, KIMBERLY R
Address: 1688 CANOE CREEK
City-St-Zip: OVIEDO, FL 32766

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: MCNAMARA, KIMBERLY R
Address: 3227 OPEN MEADOW LOOP
City-St-Zip: OVIEDO, FL 32766

I hereby certify that the information supplied with this filing does not qualify for the 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 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: KIMBERLY MCNAMARA

PRES

04/15/2005

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