2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 06, 2006
Secretary of State

DOCUMENT# L04000016853

Entity Name: HOSPITALITY HEALTHCARE, LLC

Current Principal Place of Business:

3227 OPEN MEADOW LOOP
OVIEDO, FL 32766

New Principal Place of Business:

899 OUTER ROAD
SUITE C
ORLANDO, FL 32814

Current Mailing Address:

3227 OPEN MEADOW LOOP
OVIEDO, FL 32766

New Mailing Address:

899 OUTER ROAD
SUITE C
ORLANDO, FL 32814

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
3227 OPEN MEADOW LOOP
OVIEOD, FL 32766 US

Name and Address of New Registered Agent:

MCNAMARA, KIMBERLY R
899 OUTER ROAD
SUITE
ORLANDO, FL 32814 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 04/06/2006
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

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

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: KIMBERLY MCNAMARA MGR 04/06/2006
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date