2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 05, 2007
Secretary of State

DOCUMENT# L04000016853

Entity Name: HOSPITALITY HEALTHCARE, LLC

Current Principal Place of Business:

899 OUTER ROAD
SUITE C
ORLANDO, FL 32814

New Principal Place of Business:

1507 LAKE BALDWIN LANE
SUITE B
ORLANDO, FL 32814

Current Mailing Address:

899 OUTER ROAD
SUITE C
ORLANDO, FL 32814

New Mailing Address:

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
899 OUTER ROAD
SUITE
ORLANDO, FL 32814 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: 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 04/05/2007

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