

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M01000001441

FILED
Jan 08, 2010
Secretary of State

Entity Name: HOSPITAL HOUSEKEEPING SYSTEMS GP, LLC

Current Principal Place of Business:

322 CONGRESS AVE
AUSTIN, TX 78701

New Principal Place of Business:

Current Mailing Address:

322 CONGRESS
AUSTIN, TX 78701

New Mailing Address:

FEI Number: 74-2985175

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FLOYD, BOB
9550 125TH STREET NORTH
SEMINOLE, FL 33772 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: MGRM
Name: FLOYD, BOB
Address: 9550 125TH STREET
City-St-Zip: SEMINOLE, FL 33772

Title: MGR
Name: HOLMES, CRAIG
Address: 322 CONGRESS AVE
City-St-Zip: AUSTIN, TX 78701

Title: MGR
Name: THORNTON, ROY
Address: 322 CONGRESS AVE
City-St-Zip: AUSTIN, TX 78701

Title: MGR
Name: THORNTON, ROY G
Address: P.O. BOX 2292
City-St-Zip: AUSTIN, TX 78767

Title: MGR
Name: HOLMES, CRAIG S
Address: P.O. BOX 2292
City-St-Zip: AUSTIN, TX 78767

Title: MGR
Name: SPRY, THOMAS D SR.
Address: P.O. BOX 2292
City-St-Zip: AUSTIN, TX 78767

I hereby 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: BOB FLOYD

OWNE

01/08/2010

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