


**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 29, 2003 8:00 am
Secretary of State

01-29-2003 90042 037 ****50.00

DOCUMENT # M01000000430

1. Entity Name
PYA/MONARCH, LLC



| | | | |
|------------------------------------------------------------------|---------------------------|----------------------------------------|--------------------------------------|
| Principal Place of Business | | Mailing Address | |
| 9755 PATUXENT DR. COLUMBIA MD 21046 | | 9755 PATUXENT DR. COLUMBIA MD 21046 | |
| 2. Principal Place of Business | 3. Mailing Address | | |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | | |
| City & State | City & State | 4. FEI Number 52-2291490 | Applied For Not Applicable |
| Zip | Country | Zip | Country |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$5.00 Additional Fee Required | |



CHECK HERE IF MAKING CHANGES

| | | | |
|------------------------------------------------------------------------------|--|----------------------------------------------------------|--|
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525 | | 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)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

| 9. MANAGING MEMBERS/MANAGERS | | | | 10. ADDITIONS/CHANGES | | | |
|------------------------------------------------|-------------------------------------------------------------------------|---------------------------------|--|------------------------------------------------|--|-------------------------------------------------------------------|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPS ABRAMSON, DAVID M 9755 PATUXENT WOODS DR COLUMBIA MD 21046 | <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 | P MILLER, JAMES L 9755 PATUXENT WOODS DR COLUMBIA MD 21046 | <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 | S HARRISON, FAITH E 9755 PATUXENT WOODS DR COLUMBIA MD 21046 | <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 | T GILLISON, ROBERT 9755 PATUXENT WOODS DR COLUMBIA MD 21046 | <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 | VP KAISER, MARK 9755 PATUXENT WOODS DR COLUMBIA MD 21046 | <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 | VP SUTTON, JAMES R 9755 PATUXENT WOODS DR COLUMBIA MD 21046 | <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: David M. Abramson **SIGNATURE REQUIRED** January 13, 2003 410-312-7100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (10/02)