

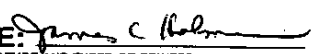


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90119 031 ****50.00

DOCUMENT # L00000009905 1. Entity Name BKRY SERVICES OF PALM BEACH COUNTY, LLC					
Principal Place of Business 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			Mailing Address NAVIGANT CONSULTING TWO NORTH CHARLES STREET STE 400 BALTIMORE, MD 21201		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Penta Advisory Services, LLC Two North Charles Street Suite 400 Baltimore, Maryland 21201			
City & State		Zip		4. FEI Number 56-2218716	
Country		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CR GOLDSTEIN, CHARLES R NAVIGANT CONS. TWO N CHARLES ST STE 400 BALTIMORE, MD 21201	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CRO, Director Charles R. Goldstein Penta Advisory Services, LLC Two North Charles Street-Suite 400 Baltimore, Maryland 21201	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNIN</small>			James C. Holman, Attorney/Authorized Rep. April 28, 2005 410-347-8790		