



2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

05-02-2005 90119 032 ****50.00

DOCUMENT # L01000000261					
1. Entity Name BKRY BILLING GROUP, LLC					
Principal Place of Business 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			Mailing Address NAVIGANT CONSULTING TWO NORTH CHARLES STREET SUITE 400 BALTIMORE, MD 21201		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Penta Advisory Services, LLC Two North Charles Street Suite 400			
City & State		Baltimore, Maryland 21201			
Zip	Country	Zip	Country	4. FEI Number 65-1078336	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				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 TWO NORTH CHARLES STREET SUITE 400 BALTIMORE, MD 21201		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"/> Delete			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: 			James C. Holman, Attorney/Authorized Rep. April 28, 2005 410-347-8790		
SIGNATURE AND TYPED OR PRINTED NAME OF					