


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jun 21, 2004 8:00 am
Secretary of State

06-21-2004 90139 014 ****50.00

DOCUMENT # M00000002289 1. Entity Name AVENDRA, LLC	
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Principal Place of Business 702 KING FARM BLVD., STE. 600 ROCKVILLE, MD 20850	Mailing Address 702 KING FARM BLVD., STE. 600 ROCKVILLE, MD 20850
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03222003 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 52-2278463	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525
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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 _____
Signature, typed or printed name of registered agent and title if applicable.

Filing Fee is \$50.00
Due by September 8, 2004

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BAKER, DENNIS M 702 KING FARM BLVD., STE. 600 ROCKVILLE, MD 20850
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WEED, BRIAN G 702 KING FARM BLVD., STE. 600 ROCKVILLE, MD 20850
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BEREY, MARK H 702 KING FARM BLVD., STE. 600 ROCKVILLE, MD 20850
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:  **6/17/04** **(301) 825-0500**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #