


**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 23, 2004 8:00 am**  
**Secretary of State**

04-23-2004 90012 034 \*\*\*\*50.00

**DOCUMENT # M01000000430**

1. Entity Name  
 PYA/MONARCH, LLC



Principal Place of Business  
 9755 PATUXENT DR.  
 COLUMBIA, MD 21046

Mailing Address  
 9755 PATUXENT DR.  
 COLUMBIA, MD 21046

29031002



2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

04052004 Chg-LLC CR2E083 (10/03)

4. FEI Number  
**52-2291490**

5. Certificate of Status Desired  **\$5.00** Additional Fee Required

Applied For  
 Not Applicable

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

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00 Due by May 1, 2004**

**Make check payable to Florida Department of State**

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 checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Please see attached Manager List <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 checked="" 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 checked="" 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 checked="" 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 checked="" 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 B. Eberhardt** 4/22/04 410-312-7100  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

Attachment

24051901

#MD/00000430

**PYA/Monarch, LLC**

9755 Patuxent Woods Drive  
Columbia, Maryland 21046  
Telephone: (410) 312-7100

(Corporate address and telephone number for all Managers.)

**MANAGERS**

LAWRENCE S. BENJAMIN

DAVID R. ICKES

RICHARD H. BARNHARDT, JR .

DAVID B. EBERHARDT

ROBERT W. GILLISON

CHARLES M. INOKON