

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 21, 2005 8:00 am**  
**Secretary of State**

04-21-2005 90029 010 \*\*\*\*50.00

20039741



01172005 Chg-LLC CR2E083 (10/03)

4. FEI Number  
52-2291490

Applied For  
Not Applicable

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

## 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

Signature, typed or printed name of registered agent and title if applicable.

(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

TITLE	MGR	<input type="checkbox"/> Delete
NAME	BENJAMIN, LAWRENCE S	
STREET ADDRESS	9755 PATUXENT WOODS DR	
CITY-ST-ZIP	COLUMBIA, MD 21046	
TITLE	MGR	<input checked="" type="checkbox"/> Delete
NAME	ICKES, DAVID R	
STREET ADDRESS	9755 PATUXENT WOODS DR	
CITY-ST-ZIP	COLUMBIA, MD 21046	
TITLE	MGR	<input checked="" type="checkbox"/> Delete
NAME	BARNHARDT, RICHARD H JR	
STREET ADDRESS	9755 PATUXENT WOODS DR	
CITY-ST-ZIP	COLUMBIA, MD 21046	
TITLE	T	<input type="checkbox"/> Delete
NAME	GILLISON, ROBERT	
STREET ADDRESS	9755 PATUXENT WOODS DR	
CITY-ST-ZIP	COLUMBIA, MD 21046	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	EBERHARDT, DAVID B	
STREET ADDRESS	9755 PATUXENT WOODS DR	
CITY-ST-ZIP	COLUMBIA, MD 21046	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	INOKON, CHARLES M	
STREET ADDRESS	9755 PATUXENT WOODS DR	
CITY-ST-ZIP	COLUMBIA, MD 21046	

## 10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/1/05 (40)312-7100

ATTACHMENT

20039741

#M61000000430

**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 B. EBERHARDT

ROBERT W. GILLISON

CHARLES M. INOKON