


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 23, 2006 8:00 am
Secretary of State

03-23-2006 90256 029 ****50.00

DOCUMENT # M01000001649 1. Entity Name AVENDRA REPLENISHMENT, LLC	
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Principal Place of Business C/O AVENDRA, LLC 702 KING FARM BLVD., STE. 600 ROCKVILLE, MD 20850	Mailing Address C/O AVENDRA, LLC 702 KING FARM BLVD., STE. 600 ROCKVILLE, MD 20850
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03032006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 52-2331191	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 C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324
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**DO NOT WRITE
IN THIS SPACE**

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 CT Corporation System 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, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM AVENDRA LLC 702 KING FARM BLVD STE 600 ROCKVILLE, MD 20850
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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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, OR AUTHORIZED REPRESENTATIVE

Mark Berney, CEO 3/6/06

Date

Daytime Phone #

301-825-0500