


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**

2006 JUL 18 PM 3:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # M05000005410 1. Entity Name THE BETHANY MANAGEMENT GROUP, LLC	
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Principal Place of Business 1920 MAIN STREET, SUITE 770 IRVINE, CA 92614	Mailing Address 1920 MAIN STREET, SUITE 770 IRVINE, CA 92614
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**DO NOT WRITE IN THIS SPACE**

07112006No Chg-LLC		CR2E083 (11/05)
4. FEI Number 20-3220347	Applied For Not Applicable	
5. Certificate of Status Desired	<input checked="" type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

PARACORP INCORPORATED  
236 EAST 6TH AVENUE  
TALLAHASSEE, FL 32305

**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 \_\_\_\_\_ 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 September 6, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GARMON, GREG 1920 MAIN STREET, SUITE 770 IRVINE, CA 92614
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SILVERMAN, JEFF 1920 MAIN STREET, SUITE 770 IRVINE, CA 92614
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SHERMAN, CHARLIE 1920 MAIN STREET, SUITE 770 IRVINE, CA 92614
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

000077945220  
07/25/06--01030--012 \*\*\$5.00

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:  Date: 7/10/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #