


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 06, 2004 8:00 am
Secretary of State

01-22-2004 90030 001 ****50.00

DOCUMENT # L00000003355 1. Entity Name B-THAP, L.C.	
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Principal Place of Business 1535 CHESTNUT STREET, 2ND FLOOR C/O BRAHIN PROPERTIES, INC. PHILADELPHIA, PA 19102	Mailing Address 1535 CHESTNUT STREET, 2ND FLOOR C/O BRAHIN PROPERTIES, INC. PHILADELPHIA, PA 19102
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DO NOT WRITE IN THIS SPACE



01062004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 23-3013848	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
CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND BLVD.
PLANTATION, FL 33324

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BRAHIN, LEE 1535 CHESTNUT ST. PHILADELPHIA, PA 19102
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KNOX, LYNN 400 EAST PALM AVE. TAMPA, FL 33602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**

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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

2/3/04