


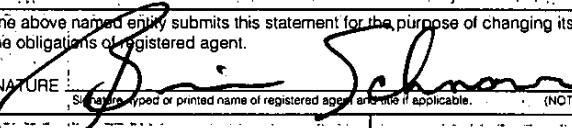
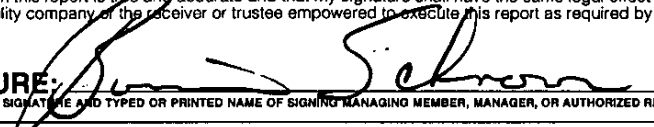
# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 24, 2005 8:00 am**  
**Secretary of State**

02-24-2005 90106 033 \*\*\*\*50.00

00010010



<b>DOCUMENT # L02000032306</b>					
1. Entity Name B THEN C THEN G, L.L.C.					
Principal Place of Business PO BOX 1825 BOCA RATON, FL 33429			Mailing Address PO BOX 1825 BOCA RATON, FL 33429		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
				Country	
4. FEI Number 06-1669835				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			7. Name and Address of New Registered Agent		
LANSAN, BONNIE PO BOX 1825 BOCA RATON, FL 33429			Name Bonnie Kay Schnorr Street Address (P.O. Box Number is Not Acceptable) 11 North J Street #5 City Lake Worth FL Zip Code 33460		
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 2/21/05 (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$50.00 Due by May 1, 2005			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM LANSAN, BONNIE PO BOX 1825 BOCA RATON, FL 33429	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM Bonnie Kay Schnorr PO Box 1825 Boca Raton FL 33429	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<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		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input 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  DATE 2/21/05 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					

ATTACHMENT  
# 20015618  
0200003234

Department of Health • Vital Statistics  
**STATE OF FLORIDA**  
**MARRIAGE RECORD**  
TYPE IN UPPER CASE  
USE BLACK INK  
This license not valid unless seal of Clerk,  
Circuit or County Court, appears thereon.

(STATE FILE NUMBER)



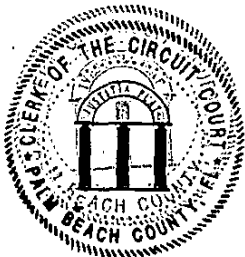
CFN 20040291803  
OR BK 16996 PG 1794  
RECORDED 05/20/2004 11:01:22  
Palm Beach County, Florida  
Dorothy H Wilken, Clerk of Court

2004MLS001263  
(APPLICATION NUMBER)

APPLICATION TO MARRY			
1. GROOM'S NAME (First, Middle, Last) JOHN PHILIP SCHNORR		2. DATE OF BIRTH (Month, Day, Year) NOV-23-1951	
3a. RESIDENCE - CITY, TOWN, OR LOCATION OCEAN RIDGE	3b. COUNTY PALM BEACH	3c. STATE FL	4. BIRTHPLACE (State or Foreign Country) FLORIDA
5a. BRIDE'S NAME (First, Middle, Last) BONNIE KAY LANSAW		5b. MAIDEN SURNAME (If different) HOLBROOKS	
6. DATE OF BIRTH (Month, Day, Year) NOV-09-1952		7. BIRTHPLACE (State or Foreign Country) FLORIDA	
7a. RESIDENCE - CITY, TOWN, OR LOCATION OCEAN RIDGE	7b. COUNTY PALM BEACH	7c. STATE FL	8. BIRTHPLACE (State or Foreign Country) FLORIDA
WE THE APPLICANTS NAMED IN THIS CERTIFICATE, EACH FOR HIMSELF OR HERSELF, STATE THAT THE INFORMATION PROVIDED ON THIS RECORD IS CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEF, THAT NO LEGAL OBJECTION TO THE MARRIAGE NOR THE ISSUANCE OF A LICENSE TO AUTHORIZE THE SAME IS KNOWN TO US AND HEREBY APPLY FOR LICENSE TO MARRY.			
9. SIGNATURE OF GROOM (Sign full name using black ink) <i>John Philip Schnorr</i>		10. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE) APR-30-2004	
11. TITLE OF OFFICIAL Deputy Clerk		12. SIGNATURE OF OFFICIAL (Use black ink) <i>[Signature]</i>	
13. SIGNATURE OF BRIDE (Sign full name using black ink) <i>Bonnie Kay Lansaw</i>		14. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE) APR-30-2004	
15. TITLE OF OFFICIAL Deputy Clerk		16. SIGNATURE OF OFFICIAL (Use black ink) <i>[Signature]</i>	
LICENSE TO MARRY			
AUTHORIZATION AND LICENSE IS HEREBY GIVEN TO ANY PERSON DULY AUTHORIZED BY THE LAWS OF THE STATE OF FLORIDA TO PERFORM A MARRIAGE CEREMONY WITHIN THE STATE OF FLORIDA AND TO SOLEMNIZE THE MARRIAGE OF THE ABOVE NAMED PERSONS. THIS LICENSE MUST BE USED ON OR AFTER THE EFFECTIVE DATE AND ON OR BEFORE THE EXPIRATION DATE IN THE STATE OF FLORIDA IN ORDER TO BE RECORDED AND VALID.			
17. COUNTY ISSUING LICENSE Palm Beach County	18. DATE LICENSE ISSUED APR-30-2004	18a. DATE LICENSE EFFECTIVE MAY-03-2004	19. EXPIRATION DATE JUN-29-2004
20a. SIGNATURE OF COURT CLERK OR JUDGE <i>[Signature]</i>		20b. TITLE Clerk of Court	20c. BY DATE <i>[Signature]</i>
CERTIFICATE OF MARRIAGE			
I HEREBY CERTIFY THAT THE ABOVE NAMED GROOM AND BRIDE WERE JOINED BY ME IN MARRIAGE IN ACCORDANCE WITH THE LAWS OF THE STATE OF FLORIDA.			
21. DATE OF MARRIAGE (Month, Day, Year) 5-15-04		22. CITY, TOWN, OR LOCATION OF MARRIAGE HAWK'S CAY RESORT, PUCK KEY	
23a. SIGNATURE OF PERSON PERFORMING CEREMONY (Use black ink) <i>Rev. Warren C. Heintzelman</i>		23c. ADDRESS (Of person performing ceremony) 1250 KEY DEER BLVD. BIG PINE KEY, FL	
23b. NAME AND TITLE OF PERSON PERFORMING CEREMONY (Or notary stamp) REV. WARREN C. HEINTZELMAN, JR. PASTOR, LORD OF THE SEAS LUTHERAN CHURCH		24. SIGNATURE OF WITNESS TO CEREMONY (Use black ink) <i>[Signature]</i>	
		25. SIGNATURE OF WITNESS TO CEREMONY (Use black ink) <i>[Signature]</i>	
INFORMATION BELOW FOR USE BY VITAL STATISTICS ONLY (NOT TO BE RECORDED)			

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I hereby certify that the foregoing is a true copy  
of the record in my office this day, Jun 25, 2004.  
DOROTHY H. WILKEN, Clerk of Court, Palm Beach County, Florida  
BY *[Signature]* Deputy Clerk