2006 LIMITED LIABILITY COMPANY

Mar 06, 2006 08:00 AM Secretary of State ANNUAL REPORT DOCUMENT # L02000032306 t. Entity Name B THEN C THEN G. L.L.C. Mailing Address Principal Place of Business PO BOX 1825 PO BOX 1825 BOCA RATON, FL 33429 BOCA RATON, FL 33429 CR2E083 (11/05) 01122006 No Chg-LLC DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 06-1669835 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE SCHNORR, BONNIE KAY 11 NORTH J STREET LAKE WORTH, FL 33460 IN THIS SPACE 8. The above named angle 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 Filing Fee is \$50.00 Due by May 1, 2006 MANAGING MEMBERS/MANAGERS 9. MGRM 1111 SCHNORR, BONNIE KAY NAME STREET ADDRESS P.O. BOX 1825 BOCA RATON, FL 33429 CITY-ST-ZIP TATE NAME STREET ADDRESS CITY-ST-ZIP SISLE MANE STREET ADORESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-752 TITLE NAME STREET ADDRESS

11. I hereby certify that the information supplied with this filling 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 eath; that I arm a managing member or manager of the limited liability company or the reserver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SIGNATUR

CITY-ST-ZIP HILE

STREET ADDRESS City-ST-7/P

> TYPED OR PRINTED NAME SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

FILED