

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 20, 2003 8:00 am
Secretary of State

02-20-2003 90025 007 ****55.00

DOCUMENT # L02000032306

1. Entity Name

B THEN C THEN G, L.L.C.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2332 SE 10th

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Pompano Beach

City & State

Zip

33062

Country

USA

Zip

Country

4. FEI Number

06-1669835

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Bonnie Lanson

Street Address (P.O. Box Number is Not Acceptable)

2332 SE 10th

City

Pompano Beach

FL

Zip Code

33062

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

Signature of registered agent or authorized representative and title if applicable.

2/17/03

DATE

FEE IS \$50.00

Make Check Payable to Florida Department of State

DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE
NAME

STREET ADDRESS
CITY - ST - ZIP

Managing Member
Bonnie Lanson
2332 SE 10th
Pompano Beach, FL 33062

TITLE
NAME

STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME

STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME

STREET ADDRESS
CITY - ST - ZIP

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TITLE
NAME

STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

CR2E083B (12/02)

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

2/17/03 561-371-7220

Daytime Phone #