

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000075224

FILED
Feb 05, 2005
Secretary of State

Entity Name: SETTE, L.L.C.

Current Principal Place of Business:

350 S. COUNTY ROAD, #102
PALM BEACH, FL 33480

New Principal Place of Business:

350 S. COUNTY ROAD,
#102
PALM BEACH, FL 33480

Current Mailing Address:

350 S. COUNTY ROAD, #102
PALM BEACH, FL 33480

New Mailing Address:

350 S. COUNTY ROAD,
#102
PALM BEACH, FL 33480

FEI Number: 58-2684154

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KOZLOWSKI, STEVEN R ESQ.
C/O KOZLOWSKI LAW FIRM, P.A.
927 LINCOLN ROAD, SUITE 118
MIAMI BEACH, FL 33139 US

Name and Address of New Registered Agent:

RUIZ, CONNIE E
1351 SW 40TH AVENUE
MIAMI, FL 33134 US

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.

SIGNATURE: CONNIE E. RUIZ

02/05/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: LINNEHAN, MARK
Address: 350 S. COUNTY ROAD, #102
City-St-Zip: PALM BEACH, FL 33480

Title: MGRM () Delete
Name: BARRO, CESARE
Address: 350 S. COUNTY ROAD, #102
City-St-Zip: PALM BEACH, FL 33480

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: MARK LINNEHAN

MGRM

02/05/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date