


2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT # L04000075224 1. Entity Name SETTE, L.L.C.	
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FILED

2007 NOV 14 PM 2:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 350 S. COUNTY ROAD, #102 PALM BEACH, FL 33480	Mailing Address 350 S. COUNTY ROAD, #102 PALM BEACH, FL 33480
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country

10162007 Chg-LLC CR2E083 (12/06)

4. FEI Number 58-2684154	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent RUIZ, CONNIE E 1351 SW 40TH AVENUE MIAMI, FL 33134	7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____
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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 _____

Amended AR is \$50.00		Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LINNEHAN, MARK <input type="checkbox"/> Delete 350 S. COUNTY ROAD, #102 PALM BEACH, FL 33480		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Linnehan, MARK <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 350 S. COUNTY ROAD #102 PALM BEACH, FL 33480	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM <input checked="" type="checkbox"/> Delete BARRO, CESARE 350 S. COUNTY ROAD, #102 PALM BEACH, FL 33480		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Alexa N. Model <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 315 W. 70 ST. # 2-E NEW YORK, NY 10023	
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 <div style="text-align: center; font-size: 24pt; font-weight: bold;">ST</div>	
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 <div style="text-align: center; font-size: 24pt; font-weight: bold;">600112459296</div> <div style="text-align: center; font-size: 18pt; font-weight: bold;">11/20/07--01031--004 **50.00</div>	
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	

11. I hereby certify that the information supplied with this filing 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 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 10/18/07 561-832-2208

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #