## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## DOCUMENT # L03000013622

1. Entity Name

SETÓN - MT. DORA, LLC



FILED Jan 10, 2006 08:00 AN Secretary of State

Principal Place of Business

121 SHIRLEY ROAD SYRACUSE, NY 13224 Mailing Address

121 SHIRLEY ROAD SYRACUSE, NY 13224



01062006No Chg-LLC

CR2E083 (11/05)

5.	Certificate of Status Desired	П	\$5.00	Additional
	38-3678891			Not Applicable
4.	FEI Number		L.	Applied For_

6. Name and Address of Current Registered Agent

SULLIVAN, JAMES R 6040 S.W. 18TH STREET PLANTATION, FL 33317

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	named entity submits this statement for the purpose of char ions of registered agent.	ngling its registered office or registered agent, or both, in	the State of Florida. I am familiar with, and accept
SIGNATURE_	Signature, typed or protect name of segratured agent and talle if applicable	(NOTE Registered Agent signature required when reinstaking)	DATE
Fi D	iling Fee is \$50.00 ue by May 1, 2006		
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET AODRESS CITY-ST-ZIP	MGRM BERGER, ROBERT J 121 SHIRLEY RD. SYRACUSE, NY 13224		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ELDRED, KEVIN W 1007 OVERLOOK TERRACE CAZENOVIA, NY 13035	0	1/00000381468 1/11/06-80055-008 50.00
TITLE NAME STREET ADDRESS CHY-ST-ZIP		DO N	IOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN TI	HIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-7IP			

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 eath; 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: Solvert Meyer - ROBERT J. BER	2602 1/6/06	315-446-27-13
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE	Date	Daytmo Phone #