
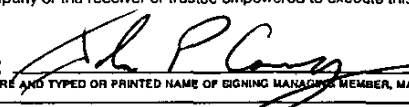


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
05 JUL 14 PM 4:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L03000025269					
1. Entity Name SETAI REALTY, LLC					
Principal Place of Business 2009 COLLINS AVENUE MIAMI BEACH, FL 33139			Mailing Address 2009 COLLINS AVENUE MIAMI BEACH, FL 33139		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		07062005 Chg-LLC CR2E083 (10/03)	
Zip		Country		4. FEI Number 80-0082125	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CORPDIRECT AGENTS, INC. 103 NORTH MERIDIAN STREET, LOWER LEVEL TALLAHASSEE, FL 32301			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL		Zip Code
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by September 7, 2005				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SOLORZANO, CECILIA	NAME			
STREET ADDRESS	2009 COLLINS AVENUE	STREET ADDRESS			
CITY-ST-ZIP	MIAMI BEACH, FL 33139	CITY-ST-ZIP			
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CONROY, JOHN PATRICK JR	NAME			
STREET ADDRESS	2009 COLLINS AVENUE	STREET ADDRESS			
CITY-ST-ZIP	MIAMI BEACH, FL 33139	CITY-ST-ZIP			
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BREENE, JONATHAN J	NAME			
STREET ADDRESS	2009 COLLINS AVENUE	STREET ADDRESS			
CITY-ST-ZIP	MIAMI BEACH, FL 33139	CITY-ST-ZIP			
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DI BERNARDO, NANCY ANN	NAME			
STREET ADDRESS	2009 COLLINS AVENUE	STREET ADDRESS			
CITY-ST-ZIP	MIAMI BEACH, FL 33139	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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: 				7/14/05 (305) 672-7900	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				<small>Date Daytime Phone #</small>	

BK

