
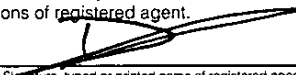


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 14, 2005 8:00 am**  
**Secretary of State**

04-14-2005 90031 003 \*\*\*\*50.00

DOCUMENT # L04000030260			
1. Entity Name SET INVEST., L.L.C.			
Principal Place of Business 21205 YACHT CLUB DRIVE 2707 AVENTURA, FL 33180		Mailing Address 21205 YACHT CLUB DRIVE 2707 AVENTURA, FL 33180	
2. Principal Place of Business 2875 NE 191 ST Suite, Apt. #, etc. 801		3. Mailing Address 2875 NE 191 ST Suite, Apt. #, etc. 801	
City & State AVENTURA FL Zip 33180 Country USA		City & State AVENTURA FL Zip 33180 Country USA	
6. Name and Address of Current Registered Agent TARRAB, SERGIO E 21205 YACHT CLUB DRIVE 2707 AVENTURA, FL 33180		7. Name and Address of New Registered Agent Name: DANIEL J. SERBER, ESQ. Street Address (P.O. Box Number is Not Acceptable) 2875 NE 191 ST # 801 City: AVENTURA FL Zip Code: 33180	
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: 		DANIEL J. SERBER 04/04/05 (NOTE: Registered Agent signature required when reinstating)	



04042005 Chg-LLC CR2E083 (10/03)

4. FEI Number 20-2617592 Applied For Not Applicable


5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

**Filing Fee is \$50.00  
Due by May 1, 2005**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TARRAB, SERGIO E 21205 YACHT CLUB DRIVE, # 2707 AVENTURA, FL 33180 <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
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
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 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:**  SERGIO E. TARRAB 04/04/05 (301) 832-6262  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #