

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 26, 2005 8:00 am
Secretary of State

04-29-2005 90031 016 ****50.00

DOCUMENT # L04000039519					
1. Entity Name S.E.T., LLC					
Principal Place of Business 1700 SE 17TH STREET, SUITE 300 OCALA, FL 34471			Mailing Address 1700 SE 17TH STREET, SUITE 300 OCALA, FL 34471		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 04-3795137	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent YOUNG, LARRY E 1700 SE 17TH STREET, SUITE 300 OCALA, FL 34471			7. Name and Address of New Registered Agent Name: Ray, Thad Bay III Street Address (P.O. Box Number is Not Acceptable): 1700 SE 17th Street, #300 City: Ocala FL Zip Code: 34471		
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: [Signature]				DATE: 4-27-05	
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	Ray, Thad Bay III 1700 SE 17th Street #300 Ocala, FL 34471 Manager		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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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: [Signature]				DATE: 4-27-05	
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date Daytime Phone #	

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