


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 19, 2007 8:00 am
Secretary of State

04-19-2007 90038 007 ****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
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40070470



2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

03292007 Chg-LLC CR2E083 (12/06)

4. FEI Number 04-3795137	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent BOYD, ROY THAD III 1700 SOUTHEAST 17TH STREET SUITE 300 OCALA, FL 34471	7. Name and Address of New Registered Agent Name: <u>Boyd, Roy Thad III</u> Street Address (P.O. Box Number is Not Acceptable): <u>1720 SE 16th Ave.</u> <u>Bldg. 200</u> City: <u>Ocala</u> FL Zip Code: <u>34471</u>
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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: [Signature] (NOTE: Registered Agent signature required when reinstating)

DATE: 4-17-07

Filing Fee is \$50.00 Due by May 1, 2007	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	MGR BOYD, ROY THAD III 1700 SOUTHEAST 17TH STREET SUITE 300 OCALA, FL 34471 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>mer</u> <u>Boyd, Roy Thad III</u> <u>1720 SE 16th Ave. Bldg. 200</u> <u>Ocala, FL 34471</u> <input checked="" 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
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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: [Signature] 4-17-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #