

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

2004 JUN 10 AM 11:15

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DOCUMENT # M01000002869

1. Entity Name
SETAI SOUTH BEACH LLC



Principal Place of Business
C/O THE SETAI GROUP
392 FIFTH AVE
NEW YORK, NY 10018

Mailing Address
C/O THE SETAI GROUP
392 FIFTH AVE
NEW YORK, NY 10018



06082004 No Chg-LLC

CR2E0B3 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
13-4123260

Applied For
Not Applicable

5. Certificate of Status Desired

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301

**DO NOT WRITE
IN THIS SPACE**

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 (typed or printed name of authorized agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by September 8, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE: MGR
NAME: CONROY, JOHN P
STREET ADDRESS: 392 5TH AVE
CITY-ST-ZIP: NEW YORK, NY 10018

TITLE: MGR
NAME: BREENE, JONATHAN
STREET ADDRESS: 392 5TH AVE
CITY-ST-ZIP: NEW YORK, NY 10018

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE:
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STREET ADDRESS:
CITY-ST-ZIP:

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**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

J.P. Conway, managing member

6/8/04

22-947-7717

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #