



2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
2005 JAN 10 PM 12:32
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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|---|---|---|--|--|--|
| 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 | | |
| 2. Principal Place of Business c/o The Setai Group Suite, Apt. #, etc. 405 Lexington Ave-54th Fl. | | 3. Mailing Address c/o The Setai Group Suite, Apt. #, etc. 405 Lexington Ave, 54th Fl. | |  | |
| City & State New York, NY 10174 | | City & State New York, NY 10174 | | 01052005 Chg-LLC CR2E083 (10/03) | |
| Zip 10174 | | Country USA | | 4. FEI Number 13-4123260 | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | | | | Applied For Not Applicable | |
| 6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301 | | | 7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| 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 CONROY, JOHN P 392 5TH AVE NEW YORK, NY 10018 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR BREENE, JONATHAN 392 5TH AVE NEW YORK, NY 10018 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR BREENE, Jonathan... 54th Floor 405 Lexington Ave., 54th Floor New York, NY 10174 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR BREENE, Jonathan... 54th Floor 405 Lexington Ave., 54th Floor New York, NY 10174 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR BREENE, Jonathan... 54th Floor 405 Lexington Ave., 54th Floor New York, NY 10174 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR BREENE, Jonathan... 54th Floor 405 Lexington Ave., 54th Floor New York, NY 10174 | <input checked="" 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: <u>John P. Conroy</u> <u>John P Conroy</u> <u>1/5/05</u> <u>(212)947-7771</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone # | | | | | |