



2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
2005 JAN 10 PM 12:32
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		
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			
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
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 Conroy, John P 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 BRENE, JONATHAN 392 5TH AVE NEW YORK, NY 10018	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Breene, Jonathan 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		<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: <u>John P. Conroy</u> <u>John P Conroy</u> <u>1/5/05</u> <u>(212)947-7771</u>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					