

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
Feb 26, 2003 8:00 am  
Secretary of State

02-26-2003 90032 042 \*\*\*\*50.00

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

| 9. MANAGING MEMBERS/MANAGERS |                                 | 10. ADDITIONS/CHANGES |                                                                   |
|------------------------------|---------------------------------|-----------------------|-------------------------------------------------------------------|
| TITLE                        | NAME                            | TITLE                 | NAME                                                              |
|                              | <input type="checkbox"/> Delete |                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| MGR                          | CONROY, JOHN P                  |                       |                                                                   |
| STREET ADDRESS               | 392 5TH AVE                     |                       |                                                                   |
| CITY-ST-ZIP                  | NEW YORK NY 10018               |                       |                                                                   |
| MGR                          | BREENE, JONATHAN                |                       |                                                                   |
| STREET ADDRESS               | 392 5TH AVE                     |                       |                                                                   |
| CITY-ST-ZIP                  | NEW YORK NY 10018               |                       |                                                                   |
|                              | <input type="checkbox"/> Delete |                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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|                              | <input type="checkbox"/> Delete |                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|                              | <input type="checkbox"/> Delete |                       | <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:

*Signature*  
**SIGNATURE REQUIRED**

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

1/30/03 (212)947-7771

Date

Daytime Phone #

CR2E083 (10/02)