2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
2004 JUN 10 AM 11: 16
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

06082004 Chg-LLC CR2E083 (10/03)

DOCUMENT # M03000000703

1. Entity Name
SETAI MEZZANINE LLC

Principal Place of Business	Mailing Address
C/O SETAI GROUP 392 FIFTH AVENUE NEW YORK, NY	C/O SETAI GROUP 392 FIFTH AVENUE NEW YORK, NY

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 ☐ 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
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	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

Filing Fee is $50.00
Due by September 8, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BREENE, JONATHAN 1411 BROADWAY, 17TH FLOOR NEW YORK, NY 10018	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	700037859077	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FEFER, ENRIQUE 10501 N.W. SEVENTH AVENUE MIAMI, FL 33150	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	06/11/04 - 01004 - 010 ***55.00	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SASSON, ZAKAY 10501 N.W. SEVENTH AVENUE MIAMI, FL 33150	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SCHOENHERR, CHARLES W 3 WORLD FINANCIAL CENTER, 12TH FLOOR NEW YORK, NY 10285	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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: J. P. Conway, managing member 6/8/04 212-947-7717
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

JUN-08-2004 14:36 FROM-CONTINENTALCORP T-529 P.004/009 F-782