

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M03000004202 1. Entity Name THE SETAI CLUB, LLC					
Principal Place of Business 392 FIFTH AVENUE, SIXTH FLOOR NEW YORK, NY 10018			Mailing Address 392 FIFTH AVENUE, SIXTH FLOOR 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		City & State New York, NY		4. FEI Number 20-0495142	
Zip 10174		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 201 HAYS STREET TALLAHASSEE, FL 32301-2525				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 BREENE, JONATHAN 392 FIFTH AVENUE, SIXTH FLOOR NEW YORK, NY 10018	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Breenne, 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	MGR CONROY, JOHN 392 FIFTH AVENUE, SIXTH FLOOR NEW YORK, NY 10018	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Conroy, John 405 Lexington Ave., 54th Fl. New York, NY 10174
				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		500044521455 01/11/05--01035-017 **250.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		<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> John P. Conroy <u>1/5/05 (212) 947-7771</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA