## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M03000004202

1. Entity Name THE SETAI CLUB, LLC



FILED Mar 09, 2007 08:00 AM Secretary of State

Principal Place of Business

C/O THE SETAI GROUP 405 LEXINGTON AVE., 54TH FL NEW YORK, NY 10174 Mailing Address

C/O THE SETAI GROUP 405 LEXINGTON AVE., 54TH FL NEW YORK, NY 10174



## DO NOT WRITE IN THIS SPACE

01122007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-0495142

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

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

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525

## DO NOT WRITE IN THIS SPACE

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.	
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(NOTE, Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2007

l	9.	MANAGING MEMBERS/MANAGERS	
	TITLE NAME	MGR BREENE, JONATHAN	
l	STREET ADDRESS	405 LEXINGTON AVE., 54TH FLOOR	
	CITY-ST-ZIP	NEW YORK, NY 10174	
ľ	TITLE	MGR .	
l	NAME	CONROY, JOHN	
l	STREET ADDRESS	405 LEXINGTON AVE., 54TH FLOOR	
L	CITY-ST-ZIP	NEW YORK, NY 10174	
l	TITLE		
l	NAME		
l	STREET ADDRESS		
L	CITY-ST-ZIP		
l	TITLE		
١	NAME		
١	STREET ADDRESS		
L	City - ST-ZIP		
	TITLE		
l	NAME		
	STREET ADDRESS		
l	CITY-SI-ZIP		
ľ	TITLE		
	NAME		
١	STREET ADDRESS		
Ĺ	CITY-ST-ZIP		
ľ	44. I horsely gostify that the information conclined with this filling done not qualify for the a		

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## DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER,

R AUTHORIZED REPRESENTATIVE

3/5/07

Daytime Phone #