
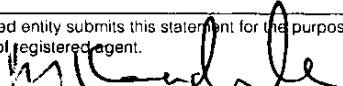
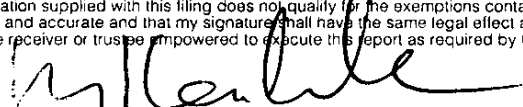


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED  
07 SEP 14 PM 3:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # M06000001267					
<b>1. Entity Name</b> FRANK SETA & ASSOCIATES, LLC					
<b>Principal Place of Business</b> 224 WEST 30TH STREET SUITE 1401 NEW YORK, NY 10001			<b>Mailing Address</b> 224 WEST 30TH STREET SUITE 1401 NEW YORK, NY 10001		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	08202007    Chg-LLC    CR2E083 (12/06)	
<b>4. FEI Number</b> 20-4032127				Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b>				<input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
UNITED CORPORATE SERVICES, INC. 9200 S. DADELAND BLVD. STE. 508 MIAMI, FL 33156			Name Street Address (P.O. Box Number is Not Acceptable) <b>3003 GREENE STREET</b> City <b>HOLLYWOOD</b> FL    Zip Code <b>33020</b>		
<b>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.</b>					
SIGNATURE  <small>Signature, typed or printed name of registered agent and title if applicable</small>			DATE <b>9-14-07</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>		
<b>Filing Fee is \$50.00 Due by September 14, 2007</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS / MANAGERS</b>			<b>10. ADDITIONS / CHANGES</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM KANDCHARLA, V. REDDY 180 N. RIVERSIDE AVE CROTON-ON-HUDSON, NY 10520		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>100109774101</b> <b>09/21/07--01067--010 **55.00</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SETA, FRANK 61 WOODLAWN LANE SMITHTOWN, NY 11787		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	
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	
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	
<b>11. I hereby certify that the information supplied with this filing 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.</b>					
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			DATE <b>9-14-07</b> <small>Daytime Phone #</small>		