## 2005 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

SIGNATURE:

## **FILED** Apr 22, 2005 08:00 AM Secretary of State **DOCUMENT # L00000012485** 1. Entity Name BROOKWOOD PARK, L.L.C. Mailing Address Principal Place of Business 4300 MARSH LANDING BLVD. 4300 MARSH LANDING BLVD. SUITE 101 SUITE 101 JACKSONVILLE BEACH, FL 32250 JACKSONVILLE BEACH, FL 32250 IIS 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01192005 CR2E083 (10/03) Chg-LLC City & State City & State Applied For 4. FEI Number 59-3679096 Not Applicable Zip Country Zio Country \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FINLAY HOLDINGS, INC Street Address (P.O. Box Number is Not Acceptable) STE 101 4300 MARSH LANDING BLVD JACKSONVILLE BEACH, FL 32250 Zip Code FL 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, typed or printed name of registered agent and title if applicable (RIGIE Registered Agent signature required when reinstaling) DATE Filing Fee is \$50.00 Due by May 1, 2005 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9. ADDITIONS/CHANGES 10. MGRM TITLE Delete TITLE Change ☐ Addition FINLAY GP HOLDINGS, LTD. NAME MAME STREET ADDRESS 4300 MARSH LANDING BOULEVARD, SUITE 101 STREET ADDRESS CITY-ST ZIP JACKSONVILLE BEACH, FL 32250 CITY ST ZIP TITLE Delete TITLE □ Change Addition U00000323186 NAME NAME STREET ADDRESS STREET ADDRESS 04/22/05-80043-018 50.00 CITY ST ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY ST ZIP CITY-ST ZIP TITLE Delete Addition Change NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY-ST ZIP ППЕ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS COTY ST ZIP CITY ST ZIP 11. I hereby certify that the information supplied with this filing does not quality 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 appuring that my eignature that I 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 procedure or the procedure of the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the procedure or the procedure of the limited liability company or the liability

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