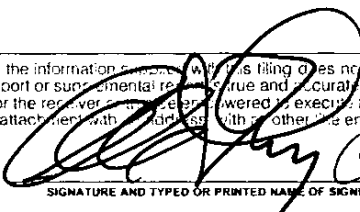


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 11, 2007 8:00 am
Secretary of State

05-11-2007 90033 030 ***150.00

DOCUMENT # F98000005163 1. Entity Name FINLAY PROPERTIES, INC.					
Principal Place of Business 4300 MARSH LANDING BLVD SUITE 101 JACKSONVILLE BEACH, FL 32250			Mailing Address 4300 MARSH LANDING BLVD SUITE 101 JACKSONVILLE BEACH, FL 32250		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FCI Number 02-0464614 Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent FINLAY HOLDINGS, INC. 4300 MARSH LANDING BLVD SUITE 101 JACKSONVILLE BEACH, FL 32250			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 _____ Signature, together printed name of registered agent and the Corporation NOTE: Registered Agent's signature required when reappointing DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY, ST, ZIP	CPST FINLAY, CHRISTOPHER C 8601 BEACH BLVD # 107 JACKSONVILLE, FL 32216	☐ Delete			
TITLE NAME STREET ADDRESS CITY, ST, ZIP	VP ROBBINS, CHARLES D 4300 MARSH LANDING BLVD 101 JACKSONVILLE BEACH, FL 32250	☐ Delete			
TITLE NAME STREET ADDRESS CITY, ST, ZIP	VP HOSCH, SUZZANNE K 4300 MARSH LANDING BLVD 101 JACKSONVILLE BEACH, FL 32250	☒ Delete			
TITLE NAME STREET ADDRESS CITY, ST, ZIP	 	☐ Delete			
TITLE NAME STREET ADDRESS CITY, ST, ZIP	 	☐ Delete			
TITLE NAME STREET ADDRESS CITY, ST, ZIP	 	☐ Delete			
12. I hereby certify that the information provided 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 or supplemental report is true and accurate, and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with this filing, with another, the empowered.					
SIGNATURE:  Christopher C. Finlay 4/12/2007 904 280-1000 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Qualifying Phone #					