2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2007
Secretary of State

DOCUMENT# L01000000640

Entity Name: FINLAY INTERESTS GP 1, LLC

Current Principal Place of Business:

4300 MARSH LANDINGS BLVD., SUITE 101
JACKSONVILLE BEACH, FL 32250

New Principal Place of Business:

Current Mailing Address:

4300 MARSH LANDINGS BLVD., SUITE 101
JACKSONVILLE BEACH, FL 32250

New Mailing Address:

FEI Number: 59-3690917 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

FINLAY HOLDINGS, INC.
4300 MARSH LANDING, BLVD STE 101
JACKSONVILLE BEACH, FL 32250 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: M ( ) Delete
Name: FINLAY GP HOLDINGS,, LTD
Address: 4300 MARSH LANDING BLVD.,SUITE 101
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: VP ( ) Delete
Name: ROBBINS, CHARLES D
Address: 4300 MARSH LANDING BLVD 101
City-St-Zip: JACKSONVILLE BEACH, FL 32250

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: CHARLES D. ROBBINS VP 05/02/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date