

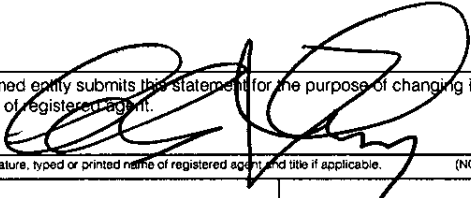
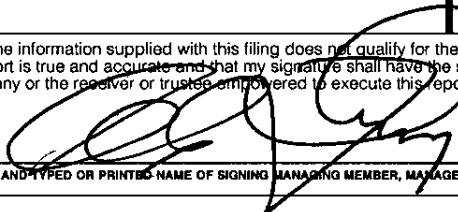


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 12, 2004 8:00 am
Secretary of State

03-12-2004 90230 029 ****50.00

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| DOCUMENT # L01000000643 1. Entity Name FINLAY INTERESTS GP 2, LLC | | | |  | |
| 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 Suite, Apt. #, etc. City & State Zip Country | | 3. Mailing Address Suite, Apt. #, etc. City & State Zip Country | |  | |
| 02262004 Chg-LLC CR2E083 (10/03) | | | | 4. FEI Number 59-3690920 | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | | | | Applied For Not Applicable | |
| 6. Name and Address of Current Registered Agent B&C CORPORATE SERVICES OF CENTRAL FLORIDA 390 NORTH ORANGE AVENUE, SUITE 1100 ORLANDO, FL 32801 | | | 7. Name and Address of New Registered Agent Name FINLAY HOLDINGS, INC. Street Address (P.O. Box Number is Not Acceptable) 4300 MARSH LANDING BLVD City JACKSONVILLE BEACH FL 32250 | | |
| 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  C. FINLAY, DIRECTOR 2.27.4 <small>Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| Filing Fee is \$50.00 Due by May 1, 2004 | | Make check payable to Florida Department of State | | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | M FINLAY GP HOLDINGS, LTD 4300 MARSH LANDING BLVD., STE 101 JACKSONVILLE BEACH, FL 32250 | <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 | |
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| 11. I hereby certify that the information supplied with this filing does not qualify 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 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:  | | | C. FINLAY, MGR. 2.27.4 | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | | | <small>Date Daytime Phone #</small> | | |