

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90026 039 ****50.00

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
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip Country	Zip Country



03302006 Chg-LLC CR2E083 (11/05)

6. Name and Address of Current Registered Agent	
FINLAY HOLDINGS, INC. 4300 MARSH LANDING BLVD JACKSONVILLE BEACH, FL 32250	

4. FEI Number 59-3690920	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Numbers 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, typed or printed name of registered agent and title. (Typed name only if registered agent is required to be a resident of the state.) **DATE** _____

**Filing Fee is \$50.00
Due by May 1, 2006**

**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 ☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
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*Vice-President
Charles D. Robbins
4300 Marsh Landing Blvd. #101
Jacksonville Beach, FL 32250*

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 officer or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Christopher C. Finlay - Mgr. 4/13/06