


# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91811 050 \*\*\*\*50.00

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<b>DOCUMENT # L01000000643</b>	
1. Entity Name <b>FINLAY INTERESTS GP 2, LLC</b>	

Principal Place of Business <b>4300 MARSH LANDING BLVD., SUITE 101 JACKSONVILLE BEACH FL 32250</b>	Mailing Address <b>PO BOX 4361 ORLANDO FL 32802-4061 4300 MARSH LANDING BLVD SUITE 101 JACKSONVILLE BEACH, FL 32250</b>
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address 4300 Marsh Landing Boulevard Suite 101 Jacksonville Beach, FL 32250 Country
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☐ CHECK HERE IF MAKING CHANGES

4. FEI Number <b>59-3690920</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>B&amp;C CORPORATE SERVICES OF CENTRAL FLORIDA 390 NORTH ORANGE AVENUE, SUITE 1100 ORLANDO FL 32801</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>M FINLAY GP HOLDINGS, LTD 4300 MARSH LANDING BLVD., STE 101 JACKSONVILLE BEACH FL 32250</b> <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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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

11. I hereby indicate limit  
BY: Finlay GP Holdings, Ltd.  
BY: Finlay Holdings, Inc., Its General Partner  
BY: Christopher C. Finlay, President

exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information has legal effect as if made under oath; that I am a managing member or manager of the as required by Chapter 608, Florida Statutes.

**SIGNATURE:**  **4/28/03** **(904) 280-1000**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (10/02)