## LIMITED LIABILITY COMPANY

## **FILED** May 05, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR)** DOCUMENT # L0100000645 05-05-2003 91810 011 \*\*\*\*50.00 FINLAY INTERESTS GP 3, LLC Mailing Address Principal Place of Business PO-BOX 4961 4300 MARSH LANDING BLVD., SUITE 101 ORLANDO FL-32802-4961 JACKSONVILLE BEACH FL 32250 4300 MASH LANDING BLYD, SUITE 101 JACHSONVILLE GEACH, FL <u>32250</u> 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES 4300 Marsh Landing Boulevard City & State Applied For 4. FEI Number Suite 101 59-3690921 Jacksonville Beach, FL 32250 Not Applicable Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent **B&C CORPORATE SERVICES OF CENTRAL FLORIDA** Street Address (P.O. Box Number is Not Acceptable) 390 NORTH ORANGE AVENUE, SUITE 1100 ORLANDO FL 32801 City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. 9. ☐ Addition TITLE Delete TITLE Change FINLAY GP HOLDINGS, LTD NAME NAME STREET ADDRESS STREET ADDRESS 4300 MARSH LANDING BLVD., SUITE 101 CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE BEACH FL 32250 ☐ Addition ☐ Change ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITI F NAME NAME

STREET ADDRESS

STREET ADDRESS TY-ST-ZIP

CITY-ST-ZIP

TITI F

NAME

CITY-ST-ZIF BY: Finlay GP Holdings, Ltd. 11. I her.

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

SIGNATURE:

TITL F NAME

BY: Finlay Holdings, Inc., Its General Partner

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

BY: Christopher C. Finlay, President

☐ Delete

ING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Change

☐ Addition