

FILED
May 01, 2007 08:00 A
Secretary of State

DOCUMENT # L01000007008

1. Entity Name
FINLAY INTERESTS GP 26, LLC



Principal Place of Business
4300 MARSH LANDING BLVD., STE. 101
JACKSONVILLE BEACH, FL 32250

Mailing Address
4300 MARSH LANDING BLVD., STE. 101
JACKSONVILLE BEACH, FL 32250

2. Principal Place of Business - No P.O. Box #

Suite, Apt. #, etc.

City & State

Zip
Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip
Country

6. Name and Address of Current Registered Agent
FINLAY HOLDINGS, INC
4300 MARSH LANDING BLVD
STE 101
JACKSONVILLE BEACH, FL 32250

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is 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, last or full name of registered agent and title (if applicable)
DATE

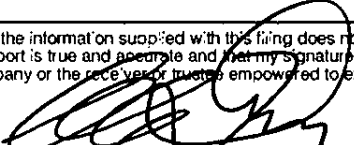
Filing Fee is \$50.00
Due by May 1, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS / MANAGERS
TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
FINLAY GP HOLDINGS, LTD.
4300 MARSH LANDING BLVD., STE. 101
JACKSONVILLE BEACH, FL 32250
Delete

10. ADDITIONS / CHANGES
TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Change
Addition
U000000751121
05/18/07-80091-006 30.00
Change
Addition

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

SIGNATURE:  Christopher C. Finlay 4/12/07 904 280 7000
Signature and Typed or Printed Name of Signing Managing Member, Manager, or Authorized Representative