

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

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

05-05-2003 91810 026 \*\*\*\*\*50.00

0008817

**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

**P.O. BOX 4981  
ORLANDO FL 32802-4981  
4300 MARSH LANDING BLVD, SUITE 101  
JACKSONVILLE BEACH, FL 32250**

00000104



2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

**4300 Marsh Landing Boulevard  
Suite 101  
Jacksonville Beach, FL 32250**

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3716440**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**B&C CORPORATE SERVICES OF CENTRAL FLORIDA  
390 N. ORANGE AVE., STE. 1100  
ORLANDO FL 32801**

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, typed or printed name of registered agent and title if applicable.

(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

TITLE **MGRM** ☐ Delete  
NAME **FINLAY GP HOLDINGS, LTD.**  
STREET ADDRESS **4300 MARSH LANDING BLVD., STE. 101**  
CITY-ST-ZIP **JACKSONVILLE BEACH FL 32250**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

11. I hereby indicate the information stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information is true and correct to the best of my knowledge and belief.  
BY: Finlay GP Holdings, Ltd.  
BY: Finlay Holdings, Inc., Its General Partner  
BY: Christopher C. Finlay, President

is legal effect as if made under oath; that I am a managing member or manager of the s required by Chapter 608, Florida Statutes.

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

Date

Daytime Phone #

4/28/03

(904) 280-1000

CF2E083 (10/02)