
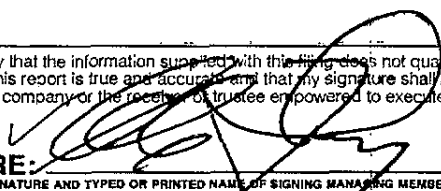


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 22, 2005 08:00 AM
Secretary of State

DOCUMENT # L01000008521			
1. Entity Name FINLAY INTERESTS GP 13, 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		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
FINLAY HOLDINGS, INC. 4300 MARSH LANDING BLVD. STE. 101 JACKSONVILLE BEACH, FL 32250		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	
Zip Code		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 _____ DATE _____ <small>Signature, typed or printed name of registrant and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	MEM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FINLAY GP HOLDINGS, LTD.	NAME	
STREET ADDRESS	4300 MARSH LANDING BLVD., STE. 101	STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE BEACH, FL 32250	CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: 		C. Finlay - MEM 04/04/2005	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date Day/Like Phone #</small>	



01252005 Chg-LLC CR2E083 (10/03)

4. FCI Number **59-3721899** Applied For Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

U00000323116
04/22/05-80043-006 50.00

904-280-1000