

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000008521

FILED
Apr 21, 2008
Secretary of State

Entity Name: FINLAY INTERESTS GP 13, LLC

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-3721899

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FINLAY HOLDINGS, INC.
4300 MARSH LANDING BLVD. STE. 101
JACKSONVILLE BEACH, FL 32250 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MEM () Delete
Name: FINLAY GP HOLDINGS., LTD.
Address: 4300 MARSH LANDING BLVD., STE. 101
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: VP () Delete
Name: ROBBINS, CHARLES D
Address: 4300 MARSH LANDING BLVD 101
City-St-Zip: JACKSONVILLE BEACH, FL 32250

ADDITIONS/CHANGES:

Title: MM (X) Change () Addition
Name: FINLAY GP HOLDINGS., LTD.
Address: 4300 MARSH LANDING BLVD., STE. 101
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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 FINLAY

PRES

04/21/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date