

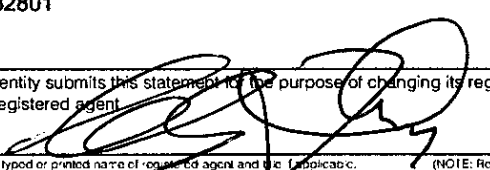
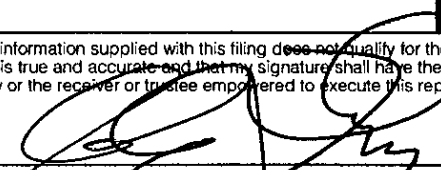


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 07, 2004 8:00 am**  
**Secretary of State**

05-07-2004 90005 047 \*\*\*\*50.00

<b>DOCUMENT # L01000011570</b> 1. Entity Name <b>FINLAY INTERESTS GP 15, LLC</b>					
Principal Place of Business <b>4300 MARSH LANDING BLVD. SUITE 101 JACKSONVILLE BEACH, FL 32250</b>				Mailing Address <b>P.O. BOX 4961 ORLANDO, FL 32802-4961</b>	
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-3732835</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>B&amp;C CORPORATE SERVICES OF CENTRAL FLORIDA 390 NORTH ORANGE AVE. SUITE 1100 ORLANDO, FL 32801</b>				7. Name and Address of New Registered Agent Name <b>Finlay Holdings, Inc.</b> Street Address (P.O. Box Number is Not Acceptable) <b>4300 Marsh Landing Blvd.</b> <b>Suite 101</b> City <b>Jax Beach</b> <b>FL</b> <b>32250</b>	
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  <b>C. Finlay - Director</b> <b>4/7/04</b> <small>Signature, typed or printed name of registered agent and date. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2004</b>			<b>Make check payable to Florida Department of State</b>		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM FINLAY GP HOLDINGS, LTD. 4300 MARSH LANDING BLVD. JACKSONVILLE BEACH, FL 32250</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.			<b>SIGNATURE:</b>  <b>C. Finlay - MGRM</b> <b>4/7/04</b> <b>904-280-1000</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		