

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90026 047 ****50.00

DOCUMENT # L01000013822

1. Entity Name
FINLAY MT GP 3, 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

03292006 Chg-LLC CR2E083 (11/05)

4. FEI Number
59-3739492

Applied For
Not Applicable

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

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

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, handwritten name of registered agent with the last name.

(SOLE Registered Agent's signature required when changing)

DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY ST ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY ST ZIP

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

11. I hereby certify that the information submitted 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 I 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:

Signature and typed or printed name of signing managing member, manager, or authorized representative

Christopher C. Finlay-mgr.

Date of filing

4/14/06