
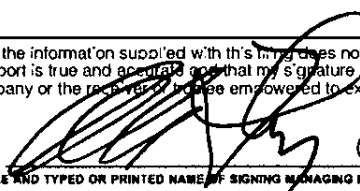


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 01, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # L01000013822</b>					
1. Entity Name <b>FINLAY MT GP 3, LLC</b>					
Principal Place of Business <b>4300 MARSH LANDING BLVD., STE. 101 JACKSONVILLE BEACH, FL 32250</b>		Mailing Address <b>4300 MARSH LANDING BLVD., STE. 101 JACKSONVILLE BEACH, FL 32250</b>			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		Country	
4. FCI Number <b>59-3739492</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
<b>FINLAY HOLDINGS INC</b> <b>4300 MARSH LANDING BLVD</b> <b>STE 101</b> <b>JACKSONVILLE BEACH, FL 32250</b>			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			<b>FL</b>		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 registered agent and LLC (if applicable)      TITLE, Registered Agent signature required when reconstituting      DATE</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE	M <input type="checkbox"/> De ete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	<b>FINLAY GP HOLDINGS, LTD</b>	TITLE	<b>U00000751127</b>		
STREET ADDRESS	<b>4300 MARSH LANDING BLVD., SUITE 101</b>	STREET ADDRESS	<b>05/18/07-80091-010 50.00</b>		
CITY - ST - ZIP	<b>JACKSONVILLE BEACH, FL 32250</b>	CITY - ST - ZIP			
TITLE	<input type="checkbox"/> De ete	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"/> De ete	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"/> De ete	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"/> De ete	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 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 if made under oath; that I am a managing member or manager of the limited liability company or the person or person empowered to execute this report as required by Chapter 608, Florida Statutes.					
<b>SIGNATURE:</b> 		<b>Christopher C. Finlay</b> 4/12/07 904 280-1000			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>DATE</small>			