## 200@ UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000014640  1. Entity Name FINLAY INTERESTS GP 21, LLC						FILED 02 APR 19 PM 3: 48				
Principal Place of Business Mailing Address					SECRETARY OF STATE TALLAHASSEE, FLORIDA					
4300 MARSH LANDING BLVD SUITE 101 P.O. BOX 4961 JACKSONVILLE BEACH FL 32250 ORLANDO FL 32802-4961										
Principal Place of Business     3. Mailing Address										
2. Principal P	race of Business	3. Maining Address								
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & State		City & State			4. FEIN	Vumber 59-374	571	1 1 '	plied For t Applicable	]
Zip	Country	Zip Coun		ntry	1	ficate of Status Desired	\$	5.00 Add	litional	_
6. Name and Address of Current I		egistered Agent			7. Nam	e and Address of New R		ee Require gent	<u> </u>	-
	Name						7			
B&C CORPORATE SERVICES OF CENTRAL FL, INC. 390 NORTH ORANGE AVE., SUITE 1100				Street Address (P.O. Box Number is Not Acceptable)						
ORL										
				City			FL	Zip Code	9	
8. The above	named entity submits this statement for	the purpose of changing its	register	ed office or register	ed agent,	or both, in the State of Flo	rida.			
SIGNATURE .				~ .						
	Signature, typed or printed name of registered agent a			d Agent signature required	when reinstat	ing)	DATE			-
				FEE IS \$50.00 to Department o	f State	3000053				
		Du	e By M	ay 1, 2002		-04/23/ ※※※※※	0201 <u>0.00</u>	U555U ******5	13 0 <u>.00</u>	]
9. TITLE	MANAGING MEMBE	RS/MANAGERS  Delete	10. TITL			ADDITIONS/		☐ Change	Addition	Ē
NAME	FINLAY GP HOLDINGS, LTD.		NAM	•				CT cuange	Addition	3(9)
STREET ADDRESS CITY-ST-ZIP	TOOU MANON DANDING DEVD., COME 101			EET ADDRESS '-ST-ZIP						CR2E083 (9/01)
TITLE		☐ Delete	TiTL	E				☐ Change	☐ Addition	- <u>R</u>
NAME STREET ADDRESS			NAM STRE	EET ADDRESS						
CITY-ST-ZIP	***		CITY	-ST-ZIP						
TITLE NAME		☐ Delete	TITL NAM					☐ Change	☐ Addition	
STREET ADORESS			STRE	EET ADDRESS						
CITY-ST-ZIP		☐ Delete	TITL	-ST-ZIP				☐ Change	☐ Addition	-
NAME		_ belefe	NAM	IE .					<b>—</b>	
STREET ADDRESS CHTY-ST-ZIP				EET ADDRESS '-ST-ZIP						
TITLE		☐ Delete	TITL	4				☐ Change	Addition	1
NAME STREET ADDRESS			NAM STRE	EET ADDRESS						
CITY-ST-ZIP			CITY	-ST-ZIP						]
TITLE NAME		☐ Delete	TITLI NAM	i l				☐ Change	☐ Addition	
STREET ADDRESS			STRE	ET ADDRESS						
CITY-ST-ZIP	pertify that the information supplied with	this filing does not avalify	emy	-ST-ZIP	ction 119	07(3)(i). Florida Statutes 1	further certif	v that the in	formation	-
indicated on this report is true and accurate and the 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 expedite this report as required by Chapter 608, Florida Statutes.  BY: Finlay GP Holdings, Ltd.										
BY: Finlay Holdings, And Jaes general partner  SIGNAFURE: Only 1990 OF PRINTED MARK OF SIGNAFURER, MANAGER, OR AUTHORIZED REPRESENTATIVE  Date  Destruction of the printed Mark OF SIGNAFURE MARK OF SIGNAFURER, MANAGER, OR AUTHORIZED REPRESENTATIVE  Date  Destruction of the partner of the par										