
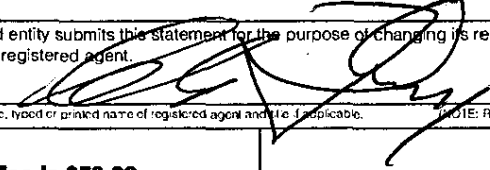
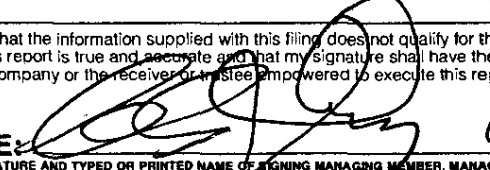


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

05-07-2004 90004 037 \*\*\*\*50.00

<b>DOCUMENT # L01000014640</b> 1. Entity Name <b>FINLAY INTERESTS GP 21, LLC</b>					
Principal Place of Business <b>4300 MARSH LANDING BLVD., SUITE 101 JACKSONVILLE BEACH, FL 32250</b>			Mailing Address <b>4300 MARSH LANDING BLVD., SUITE 101 JACKSONVILLE BEACH, FL 32250</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number <b>59-3741571</b>				Applied For <input type="checkbox"/> Not Applicable	
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 FL, INC. 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> 4/7/04 <small>Signature, typed or printed name of registered agent and title (if applicable). (NOTE: Registered Agent signature required when installing)</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	MGRM <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FINLAY GP HOLDINGS, LTD.		NAME		
STREET ADDRESS	4300 MARSH LANDING BLVD., SUITE 101		STREET ADDRESS		
CITY - ST - ZIP	JACKSONVILLE BEACH, FL 32250		CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		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"/> Delete		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"/> Delete		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"/> Delete		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 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.					
SIGNATURE: 			<b>C. Finlay - MGRM</b> 4/7/04 904-180-1000		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date Daytime Phone #</small>		