

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

05-07-2004 90002 022 \*\*\*\*50.00

DOCUMENT # L01000015264



1. Entity Name  
FINLAY ACQUISITIONS, LLC

Principal Place of Business  
4300 MARSH LANDING BLVD.  
SUITE 101  
JACKSONVILLE BEACH, FL 32250 US

Mailing Address  
4300 MARSH LANDING BLVD.  
SUITE 101  
JACKSONVILLE BEACH, FL 32250 US

24067679



2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

01272004 Chg-LLC CR2E083 (10/03)

City & State

City & State

4. FEI Number  
59-3748668

Applied For  
Not Applicable

Zip Country

Zip Country

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

B&C CORPORATE SERVICES OF CENTRAL FLORIDA  
390 NORTH ORANGE AVE.  
SUITE 1100  
ORLANDO, FL 32801

Name FINLAY HOLDINGS, INC.  
Street Address (P.O. Box Number is Not Acceptable)  
4300 MARSH LANDING BLVD  
Suite 101  
City JAX BEACH FL Zip 32250

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

C. FINLAY DIRECTOR 2:10:4

Filing Fee is \$50.00  
Due by May 1, 2004

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE M  
NAME FINLAY, CHRISTOPHER C ☐ Delete  
STREET ADDRESS 4300 MARSH LANDING BLVD  
CITY-ST-ZIP JACKSONVILLE BEACH, FL 32250

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

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

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

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

C. FINLAY 2:10:4 (904) 280-1000  
MGR Date Daytime Phone #