

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91810 033 *****50.00

DOCUMENT # L01000015502

1. Entity Name

FINLAY INTERESTS GP 33, LLC



Principal Place of Business

Mailing Address

**4300 MARSH LANDING BLVD., STE. 101
JACKSONVILLE BEACH FL 32250**

~~P.O. BOX 4961~~

~~ORLANDO FL 32802-4961~~

**4300 MARSH LANDING BLVD, SUITE 101
JACKSONVILLE BEACH, FL 32250**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

**4300 Marsh Landing Boulevard
Suite 101
Jacksonville Beach, FL 32250**



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **APPLIED FOR**

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

**B&C CORPORATE SERVICES OF CENTRAL FL INC
390 NORTH ORANGE AVE., STE. 1100
ORLANDO FL 32801**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

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

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

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11. I hereby
indicate
limit

BY: Finlay GP Holdings, Ltd.
BY: Finlay Holdings, Inc., Its General Partner
BY: Christopher C. Finlay, President

Exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information
is legal effect as if made under oath; that I am a managing member or manager of the
as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE REQUIRED

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

Date

Daytime Phone #

4/28/03 (904) 280-1000

CR2E083 (10/02)