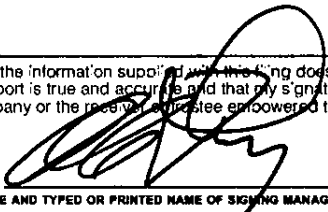


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

DOCUMENT # L01000015506					
1. Entity Name FINLAY INTERESTS GP 37, LLC					
Principal Place of Business 4300 MARSH LANDING BLVD., STE. 101 JACKSONVILLE BEACH, FL 32250			Mailing Address 4300 MARSH LANDING BLVD SUITE 101 JACKSONVILLE BEACH, FL 32250		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 51-0441422	
Zip		Country		Zip	
Country		Country		5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent FINLAY HOLDINGS, INC. 4300 MARSH LANDING BLVD., STE 101 JACKSONVILLE BEACH, FL 32250				7. Name and Address of New Registered Agent 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 _____ DATE _____ Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent's signature required when resigning.)					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE M	NAME FINLAY GP HOLDINGS, LTD			☐ Delete	
STREET ADDRESS 4300 MARSH LANDING BLVD., SUITE 101	CITY - ST - ZIP JACKSONVILLE BEACH, FL 32250			☐ Change ☐ Addition	
TITLE VP	NAME ROBBINS, CHARLES D			☐ Delete	
STREET ADDRESS 4300 MARSH LANDING BLVD 101	CITY - ST - ZIP JACKSONVILLE BEACH, FL 32250			☐ Change ☐ Addition	
TITLE 	NAME 			☐ Delete	
STREET ADDRESS 	CITY - ST - ZIP 			☐ Change ☐ Addition	
TITLE 	NAME 			☐ Delete	
STREET ADDRESS 	CITY - ST - ZIP 			☐ Change ☐ Addition	
TITLE 	NAME 			☐ Delete	
STREET ADDRESS 	CITY - ST - ZIP 			☐ Change ☐ Addition	
TITLE 	NAME 			☐ Delete	
STREET ADDRESS 	CITY - ST - ZIP 			☐ Change ☐ Addition	
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 officer authorized to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE:  <i>Christopher C. Finlay</i> 4/12/07 904 280-1000					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					