## 2002 UNIFORM BUSINESS REPORT (URR)

DOCUMENT # L01000015511					. FILED			
FINLAY INTERESTS GP 28, LLC					02 APR 19 PM 3: 48			
					SECRI	ETARY OF STA	ATE	
4300 MARSH I	ce of Business LANDING BLVD SUITE 101 E BEACH FL 32250	Mailing Address P.O. BOX 4961 ORLANDO FL 32802-496	· ,		, TALLA	HASSÉE. FLÖI	RIDA	
2 Principal P	Place of Business	3. Mailing Address						
					1884 84 04 <b>06</b> 04 1884 0841 0841 1	1711/ 48101 /171/ 1/101 OILT/	{ <b>10;</b>    <b>11 </b>    <b>10;</b>	
Suite, Apt. #, etc. Suite, Apt. #, etc.					DO NOT WRITE IN THIS SPACE			
City & State		City & State .		. 4. FEI1	Number		opplied For lot Applicable	
Zip	Country	Zip	Country	5. Cert	ficate of Status Desired	S5.00 Ac	iditional	
	6. Name and Address of Curre	nt Registered Agent	Name	7. Nam	e and Address of New Re	gistered Agent		
B&C CORPORATE SERVICES OF CENT. FLA., INC. 390 NORTH ORANGE AVE., SUITE 1100				Street Address (P.O. Box Number is Not Acceptable)				
ORL	ANDO FL 32801		City			FL Zip Coo	de	
8. The above named entity submits this statement for the purpose of changing its registe				<b>FL</b>				
	, , , , , , , , , , , , , , , , , , ,	yor the perpose of origining i	· · ·	ogicio:od ugorit,	or boar, in the state of Fish	ou.		
SIGNATURE _	Signature, typed or printed name of registered age	ent and title if applicable. (NO	DTE: Registered Agent signature	required when reinstat	ing)	DATE		
		Make Check F	NOW!!! FEE IS \$5 Payable to Departmue By May 1, 2002			02010680	018	
9.	MANAGING MEMI	BERS/MANAGERS	10.				50.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FINLAY GP HOLDINGS, LTD. 4300 MARSH LANDING BLVD JACKSONVILLE BEACH FL 32		TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CHY-ST-ZIP		☐ Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
1		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 11.   hereby c	sertify that the information supplied we on this report is true and accurate arbility on providing the receipt restriction.  BY: Finlay Hold	ith this filing does not qualify f nd that my signature shall have ge empowered to execute in	STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  Of the exemption stated	as if made unde Chapter 608, Flo	r oath∵that Lam a manaoin	urther certify that the i	information er of the	