


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

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

05-05-2003 91810 035 \*\*\*\*50.00

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**DOCUMENT # L01000015514**  
1. Entity Name  
**FINLAY INTERESTS GP 31, LLC**



Principal Place of Business      Mailing Address  
**4300 MARSH LANDING BLVD., SUITE 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.      4300 Marsh Landing Boulevard  
City & State      Suite 101  
Zip      Jacksonville Beach, FL 32250  
Country



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

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 signature required when reinstating)

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

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM FINLAY GP HOLDINGS, LTD. 4300 MARSH LANDING BLVD., SUITE 101 JACKSONVILLE BEACH FL 32250</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I here indicate limited liability:  
BY: Finlay GP Holdings, Ltd.  
BY: Finlay Holdings, Inc., Its General Partner  
BY: Christopher C. Finlay, President

I am making this statement for the purpose of the change of registered office or registered agent, or both, in the State of Florida. I further certify that the information is legal effect as if made under oath; that I am a managing member or manager of the company and that the information is true and correct as required by Chapter 608, Florida Statutes.

**SIGNATURE:** \_\_\_\_\_  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE**

Date: **4/28/03**      Daytime Phone #: **(904) 280-1000**

CR2E083 (10/02)