

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

05-07-2004 90002 038 ****50.00

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1. Entity Name
FINLAY INTERESTS GP 32, LLC

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

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

24001000



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04062004

Chg-LLC

CR2E083 (10/03)

4. FEI Number

NOT APPLICABLE

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 **Finlay Holdings, Inc.**

Street Address (P.O. Box Number is Not Acceptable)

4300 Marsh Landing Blvd. Ste. 101

City **Jax Beach**

FL

Zip Code **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 installing)

DATE

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

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete
NAME **FINLAY GP HOLDINGS, LTD.**
STREET ADDRESS **4300 MARSH LANDING BLVD., SUITE 101**
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
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CITY-ST-ZIP

TITLE ☐ Delete
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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
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TITLE ☐ Change ☐ Addition
NAME
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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

Date

Daytime Phone #

C. Finlay - MGRM 4/7/04 904-280-1000