

**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

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

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

**DOCUMENT # L01000015519**

1. Entity Name  
**FINLAY INTERESTS GP 32, LLC**



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

24001000

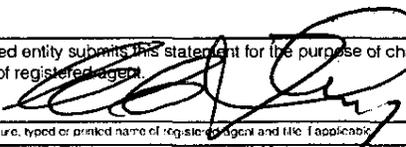


2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04062004    Chg-LLC    CR2E083 (10/03)

<b>6. Name and Address of Current Registered Agent</b> <b>B&amp;C CORPORATE SERVICES OF CENT. FL., INC.</b> <b>390 NORTH ORANGE AVE., SUITE 1100</b> <b>ORLANDO, FL 32801</b>		<b>7. Name and Address of New Registered Agent</b> Name <i>Finlay Holdings, Inc.</i> Street Address (P.O. Box Number is Not Acceptable) <i>4300 Marsh Landing Blvd. Ste. 101</i> City <i>Jax Beach</i> <b>FL</b> Zip Code <i>32250</i>	
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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.

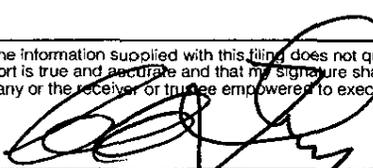
SIGNATURE  *C. Finlay - Director*      4/7/04  
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when substituting) DATE

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

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

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FINLAY GP HOLDINGS, LTD.		NAME		
STREET ADDRESS	4300 MARSH LANDING BLVD., SUITE 101		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE BEACH, FL 32250		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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:  *C. Finlay - MGRM*      4/7/04      904-290-1000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #