

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 04, 2004 8:00 am**  
**Secretary of State**

05-04-2004 90022 018 \*\*\*\*50.00

<b>DOCUMENT # L01000015553</b>					
<b>1. Entity Name</b> FINLAY INTERESTS GP 17, LLC					
<b>Principal Place of Business</b> 4300 MARSH LANDING BLVD., STE. 101 JACKSONVILLE BEACH, FL 32250			<b>Mailing Address</b> 4300 MARSH LANDING BLVD., STE. 101 JACKSONVILLE BEACH, FL 32250		
<b>Principal Place of Business</b> Suite, Apt. #, etc.			<b>3. Mailing Address</b> Suite, Apt. #, etc.		
<b>City &amp; State</b>			<b>City &amp; State</b>		
<b>Zip</b>		<b>Country</b>		<b>4. FEI Number</b> 59-3748800	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$5.00 Additional Fee Required</b>			
<b>6. Name and Address of Current Registered Agent</b> B&C CORPORATE SERVICES OF CENTRAL FL INC 390 NORTH ORANGE AVE., STE. 1100 ORLANDO, FL 32801			<b>7. Name and Address of New Registered Agent</b> Name: <u>Finlay Holdings, Inc.</u> Street Address (P.O. Box number is Not Acceptable): <u>4300 Marsh Landing Blvd.</u> Suite: <u>101</u> City: <u>Jax Beach</u> FL <u>32250</u>		
<b>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.</b> SIGNATURE: <u>[Signature]</u> <u>C. Finlay - Director</u> <u>4/7/04</u> <small>Signature, typed or printed name of registered agent and LLC, if applicable. (NOTE: Registered Agent signature required when constituting)</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2004</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	M FINLAY GP HOLDINGS, LTD 4300 MARSH LANDING BLVD., SUITE 101 JACKSONVILLE BEACH, FL 32250	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	[Empty]	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	[Empty]	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	[Empty]	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	[Empty]	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	[Empty]	<input type="checkbox"/> Delete			
<b>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.</b>			SIGNATURE: <u>[Signature]</u> <u>C. Finlay - Member</u> <u>4/7/04</u> <u>904-280-1000</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		

24064933



04062004 Chg-LLC CR2E083 (10/03)

**Applied For**  
**Not Applicable**

**5. Certificate of Status Desired** ☐ **\$5.00 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**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.  
 Suite: 101  
 City: Jax Beach FL 32250

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 SIGNATURE: [Signature] C. Finlay - Director 4/7/04  
Signature, typed or printed name of registered agent and LLC, if applicable. (NOTE: Registered Agent signature required when constituting)

**Filing Fee is \$50.00 Due by May 1, 2004** **Make check payable to Florida Department of State**

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TITLE NAME STREET ADDRESS CITY - ST - ZIP	M FINLAY GP HOLDINGS, LTD 4300 MARSH LANDING BLVD., SUITE 101 JACKSONVILLE BEACH, FL 32250	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 SIGNATURE: [Signature] C. Finlay - Member 4/7/04 904-280-1000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE