

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

05-07-2004 90003 033 *****50.00

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1. Entity Name
FINLAY INTERESTS GP 43, LLC

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

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

24067714



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
59-3748858

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 CENTRAL FL INC
390 N. ORANGE AVE., STE. 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.**
Suite 101
City **Jax Beach** **FL** **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 re-appointing)

DATE

C. Finlay - Director 4/1/04

**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., STE. 101**
CITY- ST- ZIP **JACKSONVILLE BEACH, FL 32250**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

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TITLE ☐ Delete
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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
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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

C. Finlay - MGRM 4/1/04 904-280-1000

Date

Daytime Phone #