


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

05-07-2004 90005 002 ****50.00

DOCUMENT # L01000015773

1. Entity Name
FINLAY INTERESTS GP 44, LLC



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


2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

24067849



04062004 Chg-LLC CR2E083 (10/03)

4. FEI Number Applied For
59-3748975 Not Applicable

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

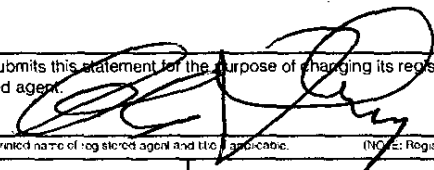
6. Name and Address of Current Registered Agent

B&C CORPORATE SERVICES OF CENTRAL FL INC
390 NORTH 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 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  **C. Finlay - Director** DATE **4/2/04**

Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

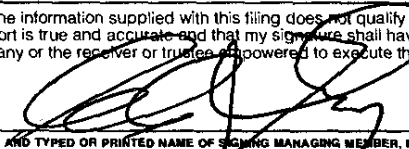
9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FINLAY GP HOLDINGS, LTD. 4300 MARSH LANDING BLVD., STE. 101 JACKSONVILLE BEACH, FL 32250	<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
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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
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 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** DATE **4/2/04** Daytime Phone # **904-280-1000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #