

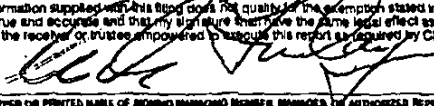
FILED

05-05-2003 9:18:00 AM
03 MAY 28 PM 1:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

30069145

DOCUMENT # L01000015774		
1. Entity Name FINLAY INTERESTS GP 45, LLC		
Principal Place of Business 4300 MARSH LANDING BLVD., STE. 101 JACKSONVILLE BEACH, FL 32250		Mailing Address P.O. BOX 4961 ORLANDO, FL 32802-4961
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip		3. Mailing Address 4300 Marsh Landing Boulevard Suite 101 Jacksonville Beach, FL 32250 ☐ CHECK HERE IF MAKING CHANGES
4. Name and Address of Current Registered Agent B&C CORPORATE SERVICES OF CENTRAL FL INC 390 NORTH ORANGE AVE., STE. 1100 ORLANDO, FL 32801		5. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
6. Certificate of Status Desired ☐ \$5.00 Additional Fee Required		
7. 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 the I signatory. (NONE: Registered Agent signature required when submitting.) DATE		
8. NOW PAYABLE TO THE FLORIDA DEPARTMENT OF STATE Check payable to Florida Department of State Due By May 1, 2003		
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 ☐ Delete	10. ADDITIONS/CHANGES ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition
11. I hereby certify that the information supplied on this form does not qualify for the exemption stated in Section 199.073(1), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature thereon has 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 prepare this report as required by Chapter 606, Florida Statutes.		
SIGNATURE:  4/28/03 (904) 280-1000		
SIGNATURE AND TYPED OR PRINTED NAME OF BRANCH MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		

BY: FINLAY GP HOLDINGS, Ltd.
BY: FINLAY HOLDINGS, LLC. I/s General Partner
BY: CHRISTOPHER C. FINLAY, President