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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

30069145

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

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 | Country

3. Mailing Address
4300 Marsh Landing Boulevard
Suite 101
Jacksonville Beach, FL 32250

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3748558 | 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 NORTH ORANGE AVE., STE. 1100
ORLANDO, FL 32801

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM FINLAY GP HOLDINGS, LTD. 4300 MARSH LANDING BLVD., STE. 101 JACKSONVILLE BEACH, FL 32250 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E083 (10/02)

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] 4/28/03 (904) 280-1000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | Date | Daytime Phone #

BY: FINLAY GP HOLDINGS, Ltd.,
BY: FINLAY HOLDINGS INC. Its General Partner
BY: CHRISTOPHER C. FINLAY, President