

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 30, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91810 037 \*\*\*\*\*50.00

**DOCUMENT # L01000015789**

1. Entity Name  
**FINLAY INTERESTS GP 41, LLC**



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

Mailing Address  
**P.O. BOX 4961  
ORLANDO FL 32802-4961**  
**4300 MARSH LANDING BLVD, SUITE 101  
JACKSONVILLE BEACH, FL 32250**

44005132

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  
**FOI-0655393**

4. FEI Number **[REDACTED]** 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 CENT. FLA., INC.  
390 NORTH ORANGE AVE., SUITE 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 \_\_\_\_\_ (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	<b>MGRM FINLAY GP HOLDINGS, LTD. 4300 MARSH LANDING BLVD., SUITE 101 JACKSONVILLE BEACH FL 32250</b> <input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information furnished herein is true and correct to the best of my knowledge and belief, and that I am a managing member or manager of the entity stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information has no legal effect as if made under oath; that I am a managing member or manager of the entity required by Chapter 608, Florida Statutes.

BY: Finlay GP Holdings, Ltd.  
BY: Finlay Holdings, Inc., Its General Partner  
BY: Christopher C. Finlay, President

**SIGNATURE:** **SIGNATURE REQUIRED** **4/28/03** **(904) 280-1000**

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

CR2E083 (10/02)