


**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**May 06, 2004 8:00 am**  
**Secretary of State**

05-06-2004 90003 008 \*\*\*\*50.00

**DOCUMENT # L01000018792**

1. Entity Name  
**FINLAY CONSTRUCTION LLC**



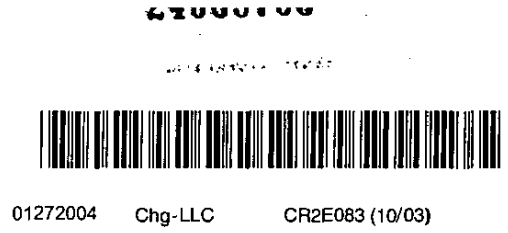
Principal Place of Business      Mailing Address  
**4300 MARSH LANDING BLVD.**      **4300 MARSH LANDING BLVD.**  
**SUITE 101**      **SUITE 101**  
**JACKSONVILLE BEACH, FL 32250 US**      **JACKSONVILLE BEACH, FL 32250 US**

2. Principal Place of Business      3. Mailing Address

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

City & State      City & State

Zip      Country      Zip      Country



4. FEI Number      Applied For  
**01-0578358**      Not Applicable

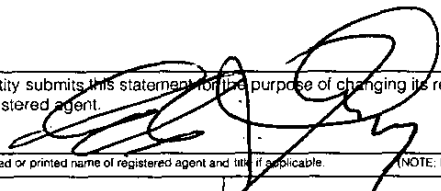
5. Certificate of Status Desired       \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent      7. Name and Address of New Registered Agent

**B&C CORPORATE SERVICES OF CENTRAL FLORIDA**  
**390 NORTH ORANGE AVENUE, SUITE 1100**  
**ORLANDO, FL 32801**

Name **FINLAY HOLDINGS, INC.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**SUITE 101**  
**4300 MARSH LANDING BLVD**  
 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 2:10:4** DATE

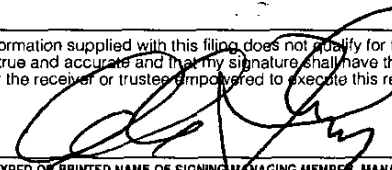
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00**  
**Due by May 1, 2004**

**Make check payable to**  
**Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <b>FINLAY LLC</b> <b>4300 MARSH LANDING BOULEVARD, SUITE 101</b> <b>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
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 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 2:10:4** **(904) 280-1000**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE MGRM Date Daytime Phone #