


# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91811 042 \*\*\*\*50.00

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<b>DOCUMENT # L01000018792</b>	
1. Entity Name <b>FINLAY CONSTRUCTION LLC</b>	

Principal Place of Business <b>4300 MARSH LANDING BOULEVARD, SUITE 101 JACKSONVILLE BEACH FL 32250</b>	Mailing Address <b>POST OFFICE BOX 4061 ORLANDO FL 32802-4061</b> <b>4300 MARSH LANDING BLVD SUITE 101 JACKSONVILLE BEACH, FL 32250</b>
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address 4300 Marsh Landing Boulevard Suite 101 Jacksonville Beach, FL 32250 Country
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☐ CHECK HERE IF MAKING CHANGES

4. FEI Number <b>01-0518358</b>	APPLIED FOR Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>B&amp;C CORPORATE SERVICES OF CENTRAL FLORIDA 390 NORTH ORANGE AVENUE, SUITE 1100 ORLANDO FL 32801</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 LLC 4300 MARSH LANDING BOULEVARD, 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
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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 indicated on this report is true and correct to the best of my knowledge and belief.  
BY: Finlay, LLC  
BY: Finlay Properties, Inc., Its Manager  
BY: Christopher C. Finlay, President

as stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information is true and correct to the best of my knowledge and belief; that I am a managing member or manager of the company as indicated by Chapter 608, Florida Statutes.

**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 #

CP2E083 (10/02)