
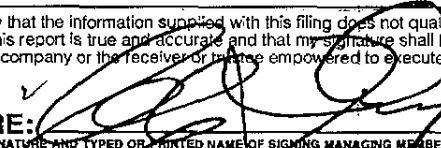


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 22, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L01000019117</b> 1. Entity Name <b>FINLAY INTERESTS GP 23, LLC</b>																																																																																									
Principal Place of Business <b>4300 MARSH LANDING BOULEVARD, SUITE 101 JACKSONVILLE, FL 32250</b>			Mailing Address <b>4300 MARSH LANDING BOULEVARD, SUITE 101 JACKSONVILLE, FL 32250</b>																																																																																						
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country																																																																																						
4. FEI Number <b>59-3756198</b>			Applied For <input type="checkbox"/> 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>FINLAY HOLDINGS, INC. 4300 MARSH LANDING BLVD., STE 101 JACKSONVILLE BEACH, FL 32250</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____																																																																																									
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>			<b>Make check payable to Florida Department of State</b>																																																																																						
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <b>9. MANAGING MEMBERS / MANAGERS</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">NAME</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td><b>FINLAY GP HOLDINGS, LTD</b></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td><b>4300 MARSH LANDING BOULEVARD, SUITE 101</b></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td><b>JACKSONVILLE, FL 32250</b></td> <td></td> </tr> <tr><td colspan="3"> </td></tr> <tr> <td>NAME</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr><td colspan="3"> </td></tr> <tr> <td>NAME</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr><td colspan="3"> </td></tr> <tr> <td>NAME</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr><td colspan="3"> </td></tr> <tr> <td>NAME</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr><td colspan="3"> </td></tr> <tr> <td>NAME</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr><td colspan="3"> </td></tr> </table> </div> <div style="width: 48%;"> <b>10. ADDITIONS / CHANGES</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">NAME</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td><b>1100000323205</b></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td><b>04/22/05-80043-024 50.00</b></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr><td colspan="3"> </td></tr> <tr> <td>NAME</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr><td colspan="3"> </td></tr> <tr> <td>NAME</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr><td colspan="3"> </td></tr> <tr> <td>NAME</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr><td colspan="3"> </td></tr> <tr> <td>NAME</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr><td colspan="3"> </td></tr> </table> </div> </div>						TITLE	NAME	<input type="checkbox"/> Delete	NAME	<b>FINLAY GP HOLDINGS, LTD</b>		STREET ADDRESS	<b>4300 MARSH LANDING BOULEVARD, SUITE 101</b>		CITY - ST - ZIP	<b>JACKSONVILLE, FL 32250</b>					NAME		<input type="checkbox"/> Delete				NAME		<input type="checkbox"/> Delete				NAME		<input type="checkbox"/> Delete				NAME		<input type="checkbox"/> Delete				NAME		<input type="checkbox"/> Delete				TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	<b>1100000323205</b>		STREET ADDRESS	<b>04/22/05-80043-024 50.00</b>		CITY - ST - ZIP						NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition				NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition				NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition				NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE	NAME	<input type="checkbox"/> Delete																																																																																							
NAME	<b>FINLAY GP HOLDINGS, LTD</b>																																																																																								
STREET ADDRESS	<b>4300 MARSH LANDING BOULEVARD, SUITE 101</b>																																																																																								
CITY - ST - ZIP	<b>JACKSONVILLE, FL 32250</b>																																																																																								
NAME		<input type="checkbox"/> Delete																																																																																							
NAME		<input type="checkbox"/> Delete																																																																																							
NAME		<input type="checkbox"/> Delete																																																																																							
NAME		<input type="checkbox"/> Delete																																																																																							
NAME		<input type="checkbox"/> Delete																																																																																							
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																							
NAME	<b>1100000323205</b>																																																																																								
STREET ADDRESS	<b>04/22/05-80043-024 50.00</b>																																																																																								
CITY - ST - ZIP																																																																																									
NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																							
NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																							
NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																							
NAME		<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)(f), 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.																																																																																									
<b>SIGNATURE:</b>  <b>C. Finlay - mgrm</b> <b>04/04/2005</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>																																																																																									

904-280-1000