

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 07, 2004 8:00 am**  
**Secretary of State**

05-07-2004 90005 024 \*\*\*\*50.00

<b>DOCUMENT # L02000003952</b>					
<b>1. Entity Name</b> <b>FINLAY INTERESTS GP 18, LLC</b>					
<b>Principal Place of Business</b> <b>4300 MARSH LANDING BLVD., STE. 101</b> <b>JACKSONVILLE BEACH, FL 32250</b>			<b>Mailing Address</b> <b>4300 MARSH LANDING BLVD., STE. 101</b> <b>JACKSONVILLE BEACH, FL 32250</b>		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		<b>4. FEI Number</b> <b>01-0603171</b>	
Zip		Country		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
City & State		City & State		<b>Applied For</b> Not Applicable	
Zip		Country		<b>04062004 Chg-LLC CR2E083 (10/03)</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
<b>B &amp; C CORPORATE SERVICES OF CENTRAL FL INC</b> <b>390 NORTH ORANGE AVE., STE. 1100</b> <b>ORLANDO, FL 32801</b>			Name <b>Finlay Holdings, Inc.</b> Street Address (P.O. Box number is Not Acceptable) <b>4300 Marsh Landing Blvd.</b> <b>Suite 101</b> City <b>Jay Beach</b> <b>FL</b> Zip Code <b>32250</b>		
<b>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.</b>					
SIGNATURE			<b>C. Finlay - Director</b> <b>4/1/04</b>		
Filing Fee is \$50.00 Due by May 1, 2004			Make check payable to Florida Department of State		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <b>FINLAY GP HOLDINGS, LTD.</b> <b>4300 MARSH LANDING BLVD #101</b> <b>JACKSONVILLE BEACH, FL 32250</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
<b>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.</b>					
SIGNATURE:			<b>C. Finlay - MGRM</b> <b>4/1/04</b> <b>904-280-1000</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date		