2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

Secretary of State DOCUMENT # L02000005031 05-04-2004 90026 036 ****50.00 FINLAY INTERESTS GP 7, LLC Principal Place of Business Mailing Address 4300 MARSH LANDING BLVD., STE. 101 4300 MARSH LANDING BLVD., STE. 101 wznonTT) JACKSONVILLE BEACH, FL 32250 JACKSONVILLE BEACH, FL 32250 2. Principal Place of Business 3. Mailing Address C Suite, Apt. #, etc. Suite, Apt. #, etc. 04062004 Chg-LLC CR2E083 (10/03) City & State City & State 4. FEI Number Applied For 81-0555451 Not Applicable Zip Country Country Zio \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name y inlain Street Address (P.O. Box Number is Not Acceptable) **B&C CORPORATE SERVICES OF CENTRAL FL, INC.** 390 NORTH ORANGE AVE., STE. 1100 ORLANDO, FL 32801 4300 Marsh Landing Blud. StE. 8. The above named entity adomits this neprior the pur ing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of regi Finlay SIGNATURE nd ttic if applicable (NOTE: Registered Agent signature required when rea Fillng Fee Is \$50,00 Due by May 1, 2004 Make check payable to Florida Department of State 9. MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. TITLE MGR ☐ Delete THE ☐ Change Addition NAME FINLAY GP HOLDINGS, LTD. NAME STREET ADDRESS 4300 MARSH LANDING BLVD STE 101 STREET ADDRESS CITY-ST-ZIP JACKSONVILLE BEACH, FL 32250 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Add:tion NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CFTY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Add:tion NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 we signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the indicated on this report is true and accurate and than y limited liability company or the receiver or trustes empty snair vave to execute this sport as required by Chapter 608, Florida Statutes. SIGNATURE: ATURE AND TYPES OR PRINTED NAME OF SIGN MER, MANAGER, OR AUTHORIZED REPRESENTATIVE MANAGING MEI Date

FILED

May 04, 2004 8:00 am