

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 30, 2003 8:00 am
Secretary of State

05-05-2003 91810 025 ****50.00

DOCUMENT # L02000005031			
1. Entity Name FINLAY INTERESTS GP 7, LLC			
Principal Place of Business 4300 MARSH LANDING BLVD., STE. 101 JACKSONVILLE BEACH FL 32250		Mailing Address P.O. BOX 4881 ORLANDO FL 32802-4881 4300 MARSH LANDING BLVD, SUITE 101 JACKSONVILLE BEACH, FL 32250	
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address 4300 Marsh Landing Boulevard Suite 101 Jacksonville Beach, FL 32250	
5. Name and Address of Current Registered Agent B&C CORPORATE SERVICES OF CENTRAL FL, INC. 390 NORTH ORANGE AVE., STE. 1100 ORLANDO FL 32801		7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL 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 _____			
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003		9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGER FINLAY GP HOLDINGS, LTD. 4300 MARSH LANDING BLVD, SUITE 101 JACKSONVILLE BEACH, FL 32250	10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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11. I hereby certify that the information stated in Section 119.07(3)(i), Florida Statutes, I further certify that the information has effect as if made under oath, that I am a managing member or manager of the company as required 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 #	

CR2E083 (10/02)