

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 12, 2004 8:00 am**  
**Secretary of State**

03-12-2004 90230 007 \*\*\*\*50.00

<b>DOCUMENT # L02000007260</b> 1. Entity Name <b>FINLAY INTERESTS MT GP 2, LLC</b>					
Principal Place of Business <b>4300 MARSH LANDING BOULEVARD, SUITE 101 JACKSONVILLE BEACH, FL 32250</b>			Mailing Address <b>4300 MARSH LANDING BOULEVARD, SUITE 101 JACKSONVILLE BEACH, FL 32250</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>02-0573171</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>B&amp;C CORPORATE SERVICES OF CENTRAL FL, INC. 390 NORTH ORANGE AVENUE, SUITE 1100 ORLANDO, FL 32801</b>				7. Name and Address of New Registered Agent Name <b>FINLAY HOLDINGS, INC.</b> Street Address (P.O. Box Number is Not Acceptable) <b>4300 MARSH LANDING BLVD</b> City <b>JACKSONVILLE BEACH FL 32250</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. SIGNATURE  <b>C. FINLAY · DIRECTOR · 2/27/4</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2004</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FINLAY, CHRISTOPHER C 4300 MARSH LANDING BOULEVARD, SUITE 101 JACKSONVILLE BEACH, FL 32250			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FINLAY, CHRISTOPHER C 4300 MARSH LANDING BOULEVARD, SUITE 101 JACKSONVILLE BEACH, FL 32250			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			<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)(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.					
SIGNATURE 				<b>C. FINLAY · MGR · 2-27-4</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				<small>Date Daytime Phone #</small>	