


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

05-07-2004 90002 027 ****50.00

DOCUMENT # L02000009008	
1. Entity Name FINLAY INTERESTS GP 10, LLC	

Principal Place of Business 4300 MARSH LANDING BOULEVARD, SUITE 101 JACKSONVILLE BEACH, FL 32250	Mailing Address 4300 MARSH LANDING BOULEVARD, SUITE 101 JACKSONVILLE BEACH, FL 32250
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



04062004 Chg-LLC CR2E083 (10/03)

4. FEI Number 02-0594816	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent B&C CORPORATE SERVICES OF CENTRAL FLORIDA, 390 NORTH ORANGE AVENUE, SUITE 1100 ORLANDO, FL 32801
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7. Name and Address of New Registered Agent	
Name Finlay Holdings, Inc.	
Street Address (P.O. Box Number is Not Acceptable) 4300 Marsh Landing Blvd Ste. 101	
City Jax Beach	FL Zip Code 32250

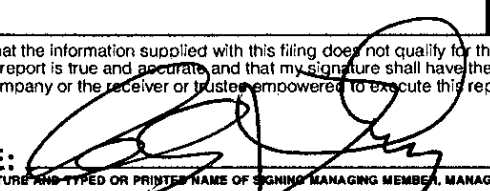
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  **C. Finlay - Director** **3/5/04**
* Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstituting) DATE

Filing Fee is \$50.00 Due by May 1, 2004	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM FINLAY GP HOLDINGS, LTD. 4200 MARSH LANDING BLVD #101 JACKSONVILLE BEACH, FL 32250 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<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:  **C. Finlay - MGRM** **3/5/04** **904-280-1000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #