


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

Apr 22, 2005 08:00 AM  
Secretary of State

|   |  |                                 |  |  |  |
|---|--|---------------------------------|--|--|--|
| <b>DOCUMENT # L02000009008</b><br>1. Entity Name<br><b>FINLAY INTERESTS GP 10, LLC</b>  |  |                                 |  |   |  |
| Principal Place of Business<br><b>4300 MARSH LANDING BOULEVARD, SUITE 101<br/>JACKSONVILLE BEACH, FL 32250</b>  |  |                                 | Mailing Address<br><b>4300 MARSH LANDING BOULEVARD, SUITE 101<br/>JACKSONVILLE BEACH, FL 32250</b> |  |  |
| 2. Principal Place of Business  |  | 3. Mailing Address              |  |  |  |
| Suite, Apt. #, etc.   |  | Suite, Apt. #, etc.             |  |  |  |
| City & State  |  | City & State                    |  | 4. FCI Number<br><b>02-0594816</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<br><br><b>FINLAY HOLDINGS, INC<br/>4300 MARSH LANDING BLVD<br/>STE 101<br/>JACKSONVILLE BEACH, FL 32250</b>   |  |                                 |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> 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 _____ DATE _____<br><small>Signature typed or printed name of registered agent and LLC if applicable. (NOTE: Registered Agent signature required when retreating)</small>   |  |                                 |  |  |  |
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2005</b>   |  |                                 | <b>Make check payable to<br/>Florida Department of State</b>                                       |  |  |
| 9. MANAGING MEMBERS/MANAGERS  |  |                                 | 10. ADDITIONS/CHANGES  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP  | MGRM<br>FINLAY GP HOLDINGS, LTD.<br>4200 MARSH LANDING BLVD #101<br>JACKSONVILLE BEACH, FL 32250 | <input type="checkbox"/> Delete |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP  |  | <input type="checkbox"/> Delete |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP  |  | <input type="checkbox"/> Delete |  |  |  |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP  |  | <input type="checkbox"/> Delete |  |  |  |
| 11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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. |  |                                 | 000000324105<br>04/22/05-80079-015 50.00   |  |  |
| SIGNATURE _____<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>   |  |                                 | C. Finlay - Mgrm<br>Date: 04/04/2005   |  |  |

904-280-1000