
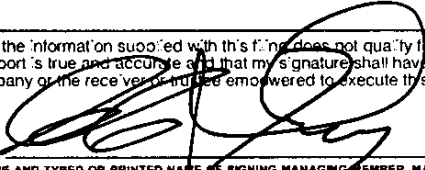


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90031 043 ****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		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 02-0594816	
5. Certificate of Status Desired <input type="checkbox"/>				Added For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
FINLAY HOLDINGS, INC 4300 MARSH LANDING BLVD STE 101 JACKSONVILLE BEACH, FL 32250				Name	
				Street Address (P.O. Box Numbers Not Accepted)	
				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 _____ <small>Signature, handwritten and signed by registered agent with the face page. (NOTE: Registered Agent signature required when re-appointing)</small> DATE _____					
Filing Fee is \$50.00 Due by May 1, 2006			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM <input type="checkbox"/> De ete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add'tion		
NAME	FINLAY GP HOLDINGS, LTD.	NAME			
STREET ADDRESS	4200 MARSH LANDING BLVD #101	STREET ADDRESS			
CITY ST ZIP	JACKSONVILLE BEACH, FL 32250	CITY ST ZIP			
TITLE	<input type="checkbox"/> De ete	TITLE	Vice-President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add'tion		
NAME		NAME	Charles D. Robbins		
STREET ADDRESS		STREET ADDRESS	4300 Marsh Landing Blvd. #101		
CITY ST ZIP		CITY ST ZIP	Jacksonville Beach, Fla. 32250		
TITLE	<input type="checkbox"/> De ete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add'tion		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY ST ZIP		CITY ST ZIP			
TITLE	<input type="checkbox"/> De ete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add'tion		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY ST ZIP		CITY ST ZIP			
TITLE	<input type="checkbox"/> De ete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add'tion		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY ST ZIP		CITY ST ZIP			
TITLE	<input type="checkbox"/> De ete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 exemptions contained in Chapter 119, 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: 			Christopher C. Finlay - mgrm 4/4/06		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			DATE		