

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

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

05-05-2003 92175 037 ****50.00

DOCUMENT # L02000016626

1. Entity Name

FINLAY INTERESTS GP 19, 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**

44005133

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

55-0787015

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**B&C CORPORATE SERVICES OF CENTRAL FL. INC.
390 NORTH ORANGE AVENUE, SUITE 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

Signature, typed or printed name of registered agent and title if applicable.

(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	member	☒ Add ☐ Delete
NAME	FINLAY GP HOLDINGS, Ltd.	
STREET ADDRESS	4300 MARSH LANDING BLVD., #101	
CITY-ST-ZIP	JACKSONVILLE BEACH, FL 32250	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE	MGAM	☐ Change ☒ Addition
NAME	FINLAY GP HOLDINGS, LTD.	
STREET ADDRESS	4300 MARSH LANDING BLVD., STE. 101	
CITY-ST-ZIP	JACKSONVILLE BEACH, FL 32250	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. I hereby certify that the information indicated is correct and true.

BY: Finlay GP Holdings, Ltd.

BY: Finlay Holdings, Inc., Its General Partner

BY: Christopher C. Finlay, President

on stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information set forth in this report is true and correct as of the date of filing.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED NAME OF REGISTERED AGENT, MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/28/03 (904) 280-1000

CR2003 (10/02)