## **2003 LIMITED LIABILITY COMPANY** UNIFORM BUSINESS REPORT (UBR)

By: Finlay Holdings, Inc., General Partner By: Christopher C. Firmy President

## FILED Jun 30, 2003 8:00 am Secretary of State 05-05-2003 92175 034 \*\*\*\*50.00

1. Entity Nam	MENT # <b>LO2000</b> 0 ITERESTS GP 11, LLC	)16649			03-03-2003	J2173 02	, T	30.00	
Orleaned Ness of Profession		V Stalling Addison				<del>ፈ</del> ላህአለት -			
Principal Place of Business 4300 MARSH LANDING BLVD., SUITE 101		Mailing Address 4300 MARSH LANDING BLVI	Mailing Address 4300 MARSH LANDING BLVD., SUITE 101						
JACKSONVILLE		JACKSONVILLE FL 32250			Ji ' <sup>in</sup>	ij			
2. Principal F	Place of Business	3. Mailing Address	3. Mailing Address						
Suite, Apt.	#, etc.	4300 Marsh Landi	ng Boulevard		CHECK HERE	IF MAKING	CHANGES	\$	
City & State		Suite 101  Jacksonville Beach, FL 32250			4. FEI Number 52 - 2367 062			Applied For lot Applicable	
Zip	Country			5. Certific	cate of Status Desired		5.00 Ad ee Requir		
	6. Name and Address of Current	Registered Agent	Name	7. Name	and Address of New R	egistered A	ent	<del></del>	
	CORPORATE SERVICES OF CEN NORTH ORNAGE AVENUE, SUIT			Street Address (P.O. Box Number is Not Acceptable)					
	ANDO FL 32801								
			City		<u> </u>	FL	Zip Cod	de .	
	named entity submits this statement folions of registered agent.	or the purpose of changing its	registered office o	r registered agent, or	both, in the State of Flo	rida. I am fa	miliar with	and accept	
SIGNATURE .									
	Signeture, typed or printed name of registered agent	<del></del>	W!!! FEE IS S	ture required when reinstating	<u>,                                      </u>	DATE		<del></del>	
		Make Check Payable		partment of State					
9.	MANAGING MEMBE	RS/MANAGERS	10.	154	ADDITIONS/			5.2	
NAME 1.	Member			MGRM FINLAY G	P HOLDINGS	3. UTΩ	Change	Addition	
STREET ADDRESS CITY-ST-ZIP	Finlay GP Holding Ltd. 4300 Marsh Landing Both Jacksonville Beach, FL 32		\$\$ 	4300 mg	NOVE BE	ING E	(1/0) (FL	9TE VOI 32250	
TITLE NAME		Delete	TITLE				Change	Addition	
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NAME		C Détata	NAME				T OHERING		
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11. I hereby of indicated limited liab	ertify that the information supplied with on this report is true and accurate and pility company or the receiver or trustee	this filling does no qualify for the that my signature shall have it a smoothfield to execute this re	the exemption states against the exemption states against the exemption of	ted in Section 119.07( ct as if made under or by Chapter 608, Florid	(3)(i), Florida Statutes. I ath; that I am a managi la Statutes.	further certifying member o	that the ir r manage	nformation r of the	
D47			7ED		428/03	100	1)7a	a-iood	
BY: Finla	y GP Holdings, Ltd.	<u> </u>		<del></del>	TINOIO	(40)		<u> </u>	

R, MANAGER, OR AUTHORIZED REPRESENTATIVE