

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

05-02-2006 90031 036 ****50.00

DOCUMENT # L02000026588

1. Entity Name
FINLAY INTERESTS GP 47, LLC



Principal Place of Business
**4300 MARSH LANDING BLVD., STE. 101
JACKSONVILLE BEACH, FL 32250**

Mailing Address
**4300 MARSH LANDING BLVD., STE. 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

03292006

Chg-LLC

CR2E083 (11/05)

4. FEI Number
11-3662976

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

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 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, handwritten name of registered agent and title (if applicable)

(If FID Registered Agent's signature required, sign in this space)

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
NAME
STREET ADDRESS
CITY- ST- ZIP
**MGRM
FINLAY GP HOLDINGS, LTD.
4300 MARSH LANDING BLVD STE 101
JACKSONVILLE BEACH, FL 32250**

☐ Delete

TITLE
NAME
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CITY- ST- ZIP
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Christopher C. Finlay mgrm 4/4/06

DATE

DATE THE REPORT IS