

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

05-05-2003 92175 039 ****50.00

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

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

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

**B & C CORPORATE SERVICES OF CENTRAL FL INC
390 NORTH ORANGE AVE., STE. 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

10.

ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Member
~~Finlay GP Holdings, Ltd.~~
4300 Marsh Landing Boulevard, Suite 101
Jacksonville Beach, FL 32250

Addition

ADDRESS
ZIP

**MGAM
FINLAY GP HOLDINGS, LTD.
4300 MARSH LANDING BLVD., STE. 101
JACKSONVILLE BEACH, FL 32250**

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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☐ Change ☐ Addition

11. I hereby certify that the information indicated or limited liability

**BY: Finlay GP Holdings, Ltd.
By: Finlay Holdings, Inc., General Partner
By: Christopher C. Finlay, President**

as stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information is true and correct as made under oath; that I am a managing member or manager of the entity as required by Chapter 608, Florida Statutes.

SIGNATURE:

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

Date

Daytime Phone #

4/28/03

(904) 280-1000

CR2E083 (10/02)