

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 07, 2004 8:00 am**  
**Secretary of State**

05-07-2004 90002 011 \*\*\*\*50.00

DOCUMENT # L03000004217

1. Entity Name  
BEST AMERICAN MORTGAGE, LLC



Principal Place of Business  
4300 MARSH LANDING BLVD., SUITE 204  
JACKSONVILLE BEACH, FL 32250

Mailing Address  
4300 MARSH LANDING BLVD., SUITE 204  
JACKSONVILLE BEACH, FL 32250



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02032004

Chg-LLC

CR2E083 (10/03)

City & State

City & State

4. FEI Number

Applied For

☒ Not Applicable

Zip

Country

Zip

Country

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

SELDOMRIDGE, ROBERT D  
4300 MARSH LANDING BLVD., SUITE 204  
JACKSONVILLE BEACH, FL 32250

Name **FINLAY HOLDINGS, INC**  
Street Address (P.O. Box Number is Not Acceptable)  
**Suite 101**  
**4300 MARSH LANDING**  
City **JAX BEACH** **FL** Zip Code **32250**

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 **CHRISTOPHER C. FINLAY - DIRECTOR**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**2-10-4**  
DATE

**Filing Fee is \$50.00**  
**Due by May 1, 2004**

**Make check payable to**  
**Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete  
NAME **FINLAY, CHRISTOPHER C**  
STREET ADDRESS **4300 MARSH LANDING BLVD., SUITE 204**  
CITY-ST-ZIP **JACKSONVILLE BEACH, FL 32250**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

**C. FINLAY** **2-10-4** **904-280-1000**  
MGR Date Daytime Phone #