


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 14, 2008 8:00 am
Secretary of State

01-14-2008 90040 010 ***138.75

DOCUMENT # L03000010680 1. Entity Name FINAIR, LLC																																	
Principal Place of Business 4300 MARSH LANDING BLVD SUITE 101 JACKSONVILLE BEACH, FL 32250			Mailing Address 4336 PABLO OAKS CT ATTN. SETH DEYO JACKSONVILLE, FL 32224																														
2. Principal Place of Business - No P.O. Box # 4336 PABLO OAKS CT Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.																															
City & State JACKSONVILLE, FL Zip 32224		City & State DUVAL Zip 32224		4. FEI Number 41-2091941																													
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable																													
6. Name and Address of Current Registered Agent FINLAY HOLDINGS, INC STE 101 4300 MARSH LANDING BLVD JACKSONVILLE BEACH, FL 32250			7. Name and Address of New Registered Agent Name TRIAD FINANCIAL SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 4336 PABLO OAKS CT City JACKSONVILLE FL Zip Code 32224																														
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 <u><i>Seth Deyo</i></u> Seth Deyo, CFO <u>1/9/08</u> DATE <small>(NOTE: Registered Agent signature required when reinstating)</small>																																	
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State																														
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> MGRM TRIAD FINANCIAL SERVICES, INC. 4336 PABLO OAKS CT JACKSONVILLE, FL 32224 <input type="checkbox"/> Delete </td> </tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TRIAD FINANCIAL SERVICES, INC. 4336 PABLO OAKS CT JACKSONVILLE, FL 32224 <input type="checkbox"/> Delete													10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition												
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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: <u><i>Seth Deyo</i></u> Seth Deyo, CFO <u>1/9/08</u> <u>904-223-1111 x251</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>																																	