

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A01000000069

1. City Name  
FINLAY INTERESTS 4, LTD.



FILED  
03 SEP 18 PM 12:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

Mailing Address  
~~PO BOX 4061~~  
ORLANDO FL 32821-4961  
4300 MARSH LANDING BLVD., SUITE 101  
JACKSONVILLE BEACH, FL 32250



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

4300 Marsh Landing Boulevard  
Suite 101  
Jacksonville Beach, FL 32250

City & State

Zip

Country

DUE BY MAY 1, 2003

4. FEI Number 59-3690929

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

B&C CORPORATE SERVICES OF CENTRAL FLORIDA  
390 NORTH ORANGE AVENUE, SUITE 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.

DATE

9. Capital Contributions  
as Shown on record.

\$50.00

10. Amount of Capital Contributions  
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

DOCUMENT # L01000000646  
NAME FINLAY INTERESTS GP 4, LLC  
STREET ADDRESS 4300 MARSH LANDING BLVD., SUITE 101  
CITY-ST-ZIP JACKSONVILLE BEACH FL 32250

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STREET ADDRESS  
CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

14. I hereby certify that the information furnished on this report is true and correct to the best of my knowledge and belief, and that I am a partner or officer, director or manager of the entity.

Exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information has legal effect as if made under oath; that I am a General Partner of the limited partnership or Florida Statutes

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/28/03

Date

(904) 280-1000

Daytime Phone #

CR2E003 (10/02)