

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # A01000000071

1. Entity Name
FINLAY INTERESTS 5, LTD.



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

Mailing Address
**4300 MARSH LANDING BLVD.
 SUITE 101
 JACKSONVILLE BEACH, FL 32250**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite Apt. # etc.

City & State

City & State

03302006 Chg-LP

CR2E003 (11/05)

4. FCI Number
59-3690930

App'd For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 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.
 SUITE 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

DATE

FILE NOW!!! FEE IS \$500.00
After May 1, 2006, Fee will be \$900.00

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

13. ADDRESS CHANGES ONLY

DOCUMENT #
 NAME
 STREET ADDRESS
 CITY ST ZIP
**FINLAY INTERESTS GP 5, LLC
 4300 MARSH LANDING BLVD.
 JACKSONVILLE BEACH, FL 32250**

STREET ADDRESS
 CITY ST ZIP
**000000554045
 05/15/06-80075-003 500.00**

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 CITY ST ZIP

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to file this report as required by Chapter 620, Florida Statutes.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Christopher C. Finlay
Christopher C. Finlay

4/4/06

STAPLE CHECK HERE