

**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By September 12, 2008**

**FILED**

08 JUL 11 AM 10:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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



06232008 No Chg-LP CR2E003 (12/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3690930

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

FINLAY HOLDINGS, INC.  
4300 MARSH LANDING BLVD.  
SUITE 101  
JACKSONVILLE BEACH, FL 32250

**DO NOT WRITE  
IN THIS SPACE**

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.

600132922266  
07/15/08 01006 005 \*\*500.00

**FILE NOW!!! FEE IS \$900.00**  
**On or after September 12, 2008, Fee will be \$1000.00**

**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**

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

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CITY-ST-ZIP

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IN THIS SPACE**

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 execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE