


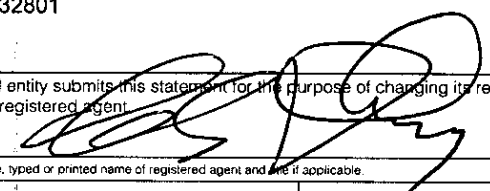
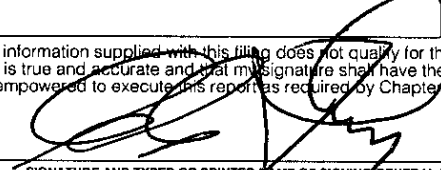
2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED

04 JUN 25 AM 9:29

CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

MJH

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|--|------------------------------|---|---|---|--|
| DOCUMENT # A01000000452 | | | |  | |
| 1. Entity Name FINLAY INTERESTS 24, 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 | | | |
| Zip | Country | Zip | Country | | |
| 6. Name and Address of Current Registered Agent B&C CORPORATE SERVICES OF CENTRAL FLORIDA 390 NORTH ORANGE AVE. SUITE 1100 ORLANDO, FL 32801 | | | 7. Name and Address of New Registered Agent Name: FINLAY HOLDINGS, INC Street Address (P.O. Box Number is Not Acceptable): Suite 101 4300 MARSH LANDING BLVD City: JAX BEACH FL 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:  C. FINLAY, DIRECTOR 2-10-4 Signature, typed or printed name of registered agent, and date if applicable. DATE | | | | | |
| 9. Capital Contributions as Shown on record. \$50.00 | | 10. Amount of Capital Contributions in FLORIDA to date. | | | |
| 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 | | |
| NAME | FINLAY INTERESTS GP 24, LLC | | CITY-ST-ZIP | | |
| STREET ADDRESS | 4300 MARSH LANDING BLVD. | | | | |
| CITY-ST-ZIP | JACKSONVILLE BEACH, FL 32250 | | | | |
| DOCUMENT # | NAME | | STREET ADDRESS | | |
| NAME | | | CITY-ST-ZIP | | |
| STREET ADDRESS | | | | | |
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| NAME | | | CITY-ST-ZIP | | |
| STREET ADDRESS | | | | | |
| CITY-ST-ZIP | | | | | |
| 14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes 904-280-1000 C. FINLAY MGRM 2-10-4 | | | | | |
| SIGNATURE:  | | | C. FINLAY MGRM 2-10-4 | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER | | | Date Daytime Phone # | | |



01272004 Chg-LP CR2E003 (10/03) 6/25

4. FEI Number 59-3709654 Applied For Not Applicable

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

STAPLE CHECK HERE