

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED

04 JUN 25 AM 9:29

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 TALLAHASSEE FLORIDA

MON

DOCUMENT # A01000000453

1. Entity Name
 FINLAY INTERESTS 25, 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

01272004

Chg-LP

CR2E003 (10/03)

6/25

4. FEI Number
 59-3709558

Applied for
 Not Applicable

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

B&C CORPORATE SERVICES OF CENTRAL FLORIDA
 390 NORTH ORANGE AVE.
 SUITE 1100
 ORLANDO, FL 32801

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

Signature, typed or printed name of registered agent and date if applicable

C. FINLAY DIRECTOR 2.10.4

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

DOCUMENT #
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 FINLAY INTERESTS GP 24, LLC
 4300 MARSH LANDING BLVD.
 JACKSONVILLE BEACH, FL 32250

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 CITY-ST-ZIP

DOCUMENT #
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS
 CITY-ST-ZIP
 900038738349
 07/06/04--01029--010 **141.25

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

STAPLE CHECK HERE

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 provided 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 partner 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

C. FINLAY-MGR 2.10.4

Date

Daytime Phone #