

**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

FILED

04 JUN 25 AM 9:29

SECRETARY OF STATE  
 TALLAHASSEE FLORIDA

MON



DOCUMENT # A01000000453  
 1. Entity Name  
 FINLAY INTERESTS 25, LTD.

Principal Place of Business      Mailing Address  
 4300 MARSH LANDING BLVD.      4300 MARSH LANDING BLVD.  
 SUITE 101      SUITE 101  
 JACKSONVILLE BEACH, FL 32250      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      Applied for  
 59-3709558      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 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: *[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

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

13. ADDRESS CHANGES ONLY

STREET ADDRESS	
CITY - ST - ZIP	900038738349 07206/04--01029--010 **141.25
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	

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, partner or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: *[Signature]*      C. FINLAY-MGR 2.10.4  
Signature and typed or printed name of signing general partner      Date      Daytime Phone #      904-280-1000