


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

FILED

04 MAY 27 AM 11:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # A01000000611		
1. Entity Name FINLAY INTERESTS 26, LTD.		

Principal Place of Business 4300 MARSH LANDINGS BLVD., SUITE 101 JACKSONVILLE BEACH, FL 32250	Mailing Address 4300 MARSH LANDINGS BLVD., SUITE 101 JACKSONVILLE BEACH, FL 32250
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



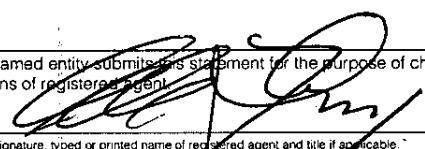
01272004 Chg-LP CR2E003 (10/03)

4. FEI Number 59-3716439	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent B&C CORPORATE SERVICES OF CENT. FL., INC. 390 NORTH ORANGE AVE., SUITE 1100 ORLANDO, FL 32801		7. Name and Address of New Registered Agent Name: FINLAY HOLDINGS, INC. Street Address: Suite 101 4300 MARSH LANDING BVD City: JAX BEACH FL Zip Code: 32250	
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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  
DATE

9. Capital Contributions as Shown on record: \$50.00	10. Amount of Capital Contributions in FLORIDA to date.
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**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 #	L01000007008	STREET ADDRESS	
NAME	FINLAY INTERESTS GP 26, LLC	CITY-ST-ZIP	
STREET ADDRESS	4300 MARSH LANDINGS BLVD., SUITE 101		
CITY-ST-ZIP	JACKSONVILLE BEACH, FL 32250		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	900037814749
STREET ADDRESS			06/09/04-01079-011 **141.25
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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DOCUMENT #		STREET ADDRESS	
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DOCUMENT #		STREET ADDRESS	
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.

SIGNATURE:  C. FINLAY - MGR. 2.10.4  
Date Daytime Phone #

STATE CHECK HERE