2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
May 01, 2006 08:00 AI
Secretary of State

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

03292006 Chg-LP CR2E003 (11/05)

2. Principal Place of Business		3. Mailing Address	
Suite Apt #, etc		Suite Apt # etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number: 59-3716439 — ☐ 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 LANDINGS BLVD., SUITE 101
JACKSONVILLE BEACH, FL 32250

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 — Date

FILE NOW!!! FEE IS $500.00
After May 1, 2006, Fee will be $900.00

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	13.	ADDRESS CHANGES ONLY
DOCUMENT #	L01000007008	STREET ADDRESS	
NAME	FINLAY INTERESTS GP 26, LLC		
STREET ADDRESS	4300 MARSH LANDINGS BLVD., SUITE 101	CITY ST ZIP	000000554292 05/15/06-80085-016 500.00
CITY ST ZIP	JACKSONVILLE BEACH, FL 32250		
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STAPLE CHECK HERE

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: Christopher C. Finlay 4/4/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #