## 2002 UNIFORM BUSINESS REPORT (UBR)

	MENT* A0100	00001096		(0011)	
1. Entity Name FINLAY MT 3, LTD.				FILED	
				02 APR 19 PM 3: 43	
Principal Place of Business Mailing Address 4300 MARSH LANDING BLVD SUITE 101 P.O. BOX 4961  JACKSONVILLE BEACH FL 32250 ORLANDO FL 32802-4961					SEGRETARY OF STATE, TALLAHASSEE, FLORIDA
,	Place of Business	3. Mailing Address			
Suite, Apt.		Suite, Apt. #, etc.			DUE BY MAY 1, 2002
City & State		City & State			4. FEI Number Applied For Not Applicable
Zip	Country	Zip	Cour	ntry	5. Certificate of Status Desired \$8.75 Additional Fee Required
	6. Name and Address of Current	Registered Agent		Name	7. Name and Address of New Registered Agent
B&C CORPORATE SERVICES OF CENTRAL FL, INC.				Street Address (P.O. Box Number is Not Acceptable)	
390 NORTH ORANGE AVE., SUITE 1100 ORLANDO FL 32801					
				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.					
SIGNATURE.	Signature, typed or printed name of registered agent	and title if applicable.			DATÉ
9. Capital Co as Shown		10. Amount of C in FLORIDA		butions	11. MAKE CHECK PAYABLE TO DEPT OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
	A GENERAL PARTNER 1 NOTE: General Partners MA	THAT IS A BUSINESS AY NOT be changed of	ENTITY M	IUST BE REGIS	STERED AND ACTIVE WITH THIS OFFICE. ent must be filed to change a general partner.
12.	GENERAL PARTNE		13.		ADDRESS CHANGES ONLY
DOCUMENT # NAME	FINLAY MT GP 3, LLC		STRE	ET ADDRESS	
STREET ADDRESS CITY-ST-ZIP	4300 MARSH LANDING BLVD., 3 JACKSONVILLE BEACH FL 3229		CITY	-ST-ZIP	900005326929 r -04/23/0201067010
DOCUMENT # NAME		<u> </u>	STRE	ET ADDRESS	****141.25 ****141.25 8
STREET ADDRESS CITY-ST-ZIP			CITY	-ST-ZIP	
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STREET ADDRESS CITY-ST-ZIP			CITY	-ST-ZIP	
DOCUMENT # NAME			STRE	ET ADDRESS	BK.
STREET ADDRESS CITY-ST-ZIP	,		CITY	-ST-ZIP	
DOCUMENT # NAME			STRE	ET ADDRESS	
STREET ADDRESS CITY-ST-ZIP			CITY	-ST-ZIP	
DOCUMENT # NAME			STRE	ET ADDRESS	
STREET ADDRESS CITY-ST-ZIP				-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 of the limited partnership or					
BY: Finlay CP Holdings, Ltd its member BY: Finlay Holdings, Ltd its member BY: Finlay Holdings, Ltd its member					
SIGNATURE:  SIGNATURE (ND TYPE OF PRINTED NAME					