

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

DOCUMENT # A01000001096		
1. Entity Name FINLAY MT 3, LTD.		

FILED

04 JUN 10 PM 3:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04062004 Chg-LP CR2E003 (10/03)

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 59-3690928	Applied For <input type="checkbox"/> Not Applicable
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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 FL, INC. 390 NORTH ORANGE AVE., SUITE 1100 ORLANDO, FL 32801			
Name Finlay Holdings, Inc. Street Address (P.O. Box Number is Not Acceptable) 4300 Marsh Landing Blvd. Suite 101 City Jacksonville Beach, FL Zip Code 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 title if applicable]

DATE

C. Finlay - Director 3/5/04

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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	L01000013822	STREET ADDRESS	
NAME	FINLAY MT GP 3, LLC	CITY-ST-ZIP	500037869315
STREET ADDRESS	4300 MARSH LANDING BLVD., SUITE 101		06/11/04 01031 001 **141.25
CITY-ST-ZIP	JACKSONVILLE BEACH, FL 32250		
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CITY-ST-ZIP			

STAPLE CHECK HERE

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.

(904) 280-1000

SIGNATURE:

C. Finlay - member 3/5/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #