

**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

Principal Place of Business  
**4300 MARSH LANDING BLVD., SUITE 101**  
**JACKSONVILLE BEACH, FL 32250**

Mailing Address  
**4300 MARSH LANDING BLVD., SUITE 101**  
**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

04062004

Chg-LP

CR2E003 (10/03)

4. FEI Number

**59-3690928**

Applied For

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 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 (P.O. Box Number's 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 filer, 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**  
 NAME **FINLAY MT GP 3, LLC**  
 STREET ADDRESS **4300 MARSH LANDING BLVD., SUITE 101**  
 CITY-ST-ZIP **JACKSONVILLE BEACH, FL 32250**

STREET ADDRESS  
 CITY-ST-ZIP  
**500037869315**  
**06/11/04 01031 001 \*\*141.25**

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**C. Finlay - member 3/5/04**

Date

Daytime Phone #

STAPLE CHECK HERE