ZUZ UNIFUNII BU	JOINESS REFU	ין נאי	UĐNJ		ξ
DOCHMENT # A0100001217  1. Entity Name			FILEB		
FINLAY INTERESTS 30, LTD.				02 APR 19 PM 3 86	
Principal Place of Business  4300 MARSH LANDING BLVD SUITE 101  JACKSONVILLE BEACH FL 32250  Mailing Address  P.O. BOX 4961  ORLANDO FL 32801-4961			ŗ	SECRETARY DE SIAIE TALLAHASSEE FLORIDA	
Principal Place of Business     3. Mailing Address					
Suite, Apt. #, etc. Suite, Apt. #, etc.				DUE BY MAY 1, 2002	
City & State	City & State			4. FEI Number Applied For Not Applicable	
Zip Country	Zip	Country		5. Certificate of Status Desired	
6. Name and Address of Cu	rrent Registered Agent		Vame	7. Name and Address of New Registered Agent	
B&C CORPORATE SERVICES OF CENT. FL., INC. 390 NORTH ORANGE AVE., SUITE 1100				ddress (P.O. Box Number is Not Acceptable)	
ORLANDO FL 32801			City	<b>□</b> Zip Code	
		Ĭ		FL Zip Code	
The above named entity submits this statem     SIGNATURE		registered o	office or registere	ed agent, or both, in the State of Florida.	Ì
Signature, typed or printed name of registered	agent and title if applicable.			DATE	i
9. Capital Contributions as Shown on record.  \$50.00  10. Amount of Capital Coin FLORIDA to date.				11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION	
NOTE: General Partners	s MAY NOT be changed on th	ne form; a	n amendmen	ERED AND ACTIVE WITH THIS OFFICE. t must be filed to change a general partner.	
12. GENERAL PARTNER INFORMATION  DOCUMENT / L01000015513		13.	<u> </u>	ADDRESS CHANGES ONLY	_
DOCUMENT / NAME FINLAY INTERESTS GP 30, LLC STREET ADDRESS CITY-ST-ZIP JACKSONVILLE BEACH FL 32250		STREET AD			2E003 (9/01)
DOCUMENT # NAME	,	STREET AD	DDRESS	BK Y	8
STREET ADDRESS CITY-ST-ZIP		CITY-ST-Z	ZIP	,	
DOCUMENT # NAME		STREET AD	DDRESS	8000053282788 -04/24/0201012014	
STREET ADDRESS CITY-ST-ZIP		CITY-ST-Z	ZIP	****141.25 ****141.25	
DOCUMENT # NAME STREET ADDRESS		STREET AD	DDRESS		
CITY-ST-ZIP  DOCUMENT #		CITY-ST-Z	ZIP		
NAME STREET ADDRESS		STREET AD		170 - 100 -	
CITY-ST-ZIP  DOCUMENT #		CITY-ST-Z			
NAME STREET ADDRESS		STREET AD			
14. I hereby certify that the information supplied indicated on this report is true and accurate the control of the control o	with this filing does not qualify for and that my signature shall have			stion 119.07(3)(i), Florida Statutes. I further certify that the information ade under oath; that I am a General Partner of the limited partnership or	
BY: Fixlay GP Holdings,	le this report as eduired by Chapte Lucius manager its general	partne		2/25/02 904-280-1000	
SIGNATURE:	DO PRINTED NAME OF SIGNING CO	(CL)	<del></del>	2/2/2/ 101-280-1000	

2/25/02 904-280-1000 Bate Daytime Phone #