

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED

04 MAY 27 AM 11:10

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



01272004 Chg-LP CR2E003 (10/03)

4. FEI Number
 NOT APPLICABLE

Applied For
 Not Applicable

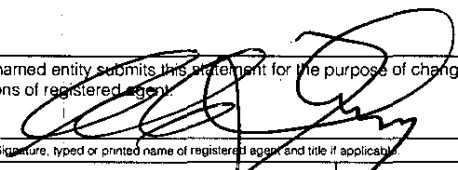
5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

B&C CORPORATE SERVICES OF CENT. FL., INC.
 390 NORTH ORANGE AVE., SUITE 1100
 ORLANDO, FL 32801

Name **FINLAY HOLDINGS, INC.**
 Street Address (P.O. Box Number is Not Acceptable)
Suite 101
4300 MARSH LANDING BLVD
 City **JAY 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  **C. FINLAY - DIRECTOR 2.10.4**
Signature, typed or printed name of registered agent and title if applicable DATE

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	
DOCUMENT #	L01000015513
NAME	FINLAY INTERESTS GP 30, LLC
STREET ADDRESS	4300 MARSH LANDING BLVD., SUITE 101
CITY-ST-ZIP	JACKSONVILLE BEACH, FL 32250
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	588837814865
STREET ADDRESS	
CITY-ST-ZIP	06/09/04--01079--013 **141.25
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
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:  **C. FINLAY - MGR. 2.10.4**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date **2.10.4** Daytime Phone # **904-280-1000**

STAPLE CHECK HERE