


**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

**FILED**  
**May 01, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # A01000001217**  
 1. Entity Name  
**FINLAY INTERESTS 30, LTD.**



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



03292006    Chg-LP    CR2E003 (11/05)

2. Principal Place of Business      3. Mailing Address

Suite Apt #, etc.      Suite Apt #, etc.

City & State      City & State

Zip      Country      Zip      Country

4. FCI Number  
**20-0694077**      Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

**FINLAY HOLDINGS, INC.**  
**4300 MARSH LANDING BLVD., SUITE 101**  
**JACKSONVILLE BEACH, FL 32250**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2006, Fee will be \$900.00**

**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 #	L01000015513	STREET ADDRESS	
NAME	FINLAY INTERESTS GP 30, LLC	CITY ST ZIP	
STREET ADDRESS	4300 MARSH LANDING BLVD., SUITE 101		U00000554309
CITY ST ZIP	JACKSONVILLE BEACH, FL 32250		05/15/06-80085-022-500.00
DOCUMENT #		STREET ADDRESS	
NAME		CITY ST ZIP	
STREET ADDRESS			
CITY ST ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY ST ZIP	
STREET ADDRESS			
CITY ST ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY ST ZIP	
STREET ADDRESS			
CITY ST ZIP			

STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 file this report as required by Chapter 620, Florida Statutes.

SIGNATURE:  **Christopher C. Finlay**      4/14/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER