

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED

04 MAY 27 AM 11:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A01000001218

1. Entity Name
FINLAY INTERESTS 31, LTD.



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

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

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

7. Name and Address of New Registered Agent

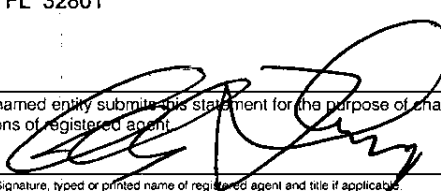
Name **FINLAY HOLDINGS, INC**

Street Address (P.O. Box Number is Not Acceptable)
Suite 101

4300 MARSH LANDING BLVD

City **JAX 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

C. FINLAY - DIRECTOR - 2.10.4

DATE

9. Capital Contributions
as Shown on record. **\$50.00 141.25**

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 # **L01000015514**
NAME **FINLAY INTERESTS GP 31, LLC**
STREET ADDRESS **4300 MARSH LANDING BLVD., SUITE 101**
CITY-ST-ZIP **JACKSONVILLE BEACH, FL 32250**

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

**300037814963
06/09/04 01079 014 **141.25**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

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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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

C. FINLAY - MGRM - 2.10.4

Date

Daytime Phone #

STAPLE CHECK HERE