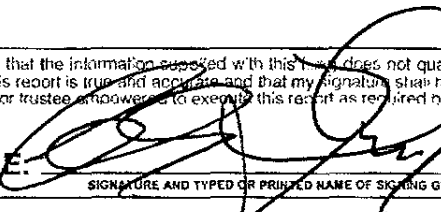


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

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

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		
03292006 Chg-LP CR2E003 (11/05)			4. FEI Number 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 #	L01000015514		STREET ADDRESS		
NAME	FINLAY INTERESTS GP 31, LLC		CITY ST ZIP		
STREET ADDRESS	4300 MARSH LANDING BLVD., SUITE 101		000000554310 05/15/06-80085-023 500.00		
CITY ST ZIP	JACKSONVILLE BEACH, FL 32250		STREET ADDRESS		
DOCUMENT #			CITY ST ZIP		
NAME			STREET ADDRESS		
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STREET ADDRESS			CITY ST ZIP		
CITY ST ZIP			STREET ADDRESS		
14. I hereby certify that the information supplied with this form 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 execute this report as required by Chapter 620, Florida Statutes.					
SIGNATURE: 			Christopher C. Finlay 4/14/06		

STAPLE CHECK HERE