2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

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SIGNATURE: 4

FILED May 01, 2007 08:00 A Secretary of State **DOCUMENT # A01000001218** 1. Entity Name FINLAY INTERESTS 31, 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 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt, #, etc. CR2E003 (12/06) City & State City & State 4. FEI Number Applied For **NOT APPLICABLE** Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FINLAY HOLDINGS, INC. Street Address (P.O. Box Number is Not Acceptable) 4300 MARSH LANDING BLVD., SUITE 101 JACKSONVILLE BEACH, FL 32250 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, typed or printed name of registered agent and the Lappicable. DATE FILE NOW!!! FEE IS \$500.00 After May 1, 2007, 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. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 12. L01000015514 DOCUMENT # STREET ADDRESS NAME FINLAY INTERESTS GP 31, LLC STREET ADDRESS 4300 MARSH LANDING BLVD., SUITE 101 CITY-ST-ZIP CITY-ST-7P JACKSONVILLE BEACH, FL 32250 U00000752920 DOCUMENT # 05/21/07-80037-015 500.00 STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT A STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP CITY - ST - ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT A STREET ADDRESS NAME STREET ADDRESS CITY-ST-7/P CITY - ST - ZIP talify for the exemptions contained in Chapter 119, Fiorida Statutes. I further certify that the information I have the same legal effect as if made under oath; that I am a General Partner of the limited partnership by Chapter 620, Florida Statutes I hereby certify that the information supplie indicated on this report is true and accurate or the receiver or trustee empo