# 2002 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT #**   A01000001220

**1.** Entity Name

FINLAY INTERESTS 33, LTD.

| Principal Place of Business | Mailing Address |
|---|---|
| 4300 MARSH LANDING BLVD., SUITE 101 | P.O. BOX 4961 |
| JACKSONVILLE BEACH FL 32250 | ORLANDO FL 32801-4961 |

| 2. Principal Place of Business | 3. Mailing Address | |
|---|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | **DUE BY MAY 1, 2002** |
| City & State | City & State | 4. FEI Number — Applied For / Not Applicable |
| Zip / Country | Zip / Country | 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.<br>390 NORTH ORANGE AVENUE, SUITE 1100<br>ORLANDO FL 32801 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br><br>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.

SIGNATURE _____

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. | 11. **MAKE CHECK PAYABLE TO DEPT. OF STATE** SEE REVERSE SIDE FOR FEE INFORMATION |
|---|---|---|

**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 # L01000015502<br>NAME FINLAY INTERESTS GP 33, LLC<br>STREET ADDRESS 4300 MARSH LANDING BLVD., SUITE 101<br>CITY-ST-ZIP JACKSONVILLE BEACH FL 32250 | STREET ADDRESS<br>CITY-ST-ZIP  400005326924---3<br>-04/23/02--01067--003<br>****141.25  ****141.25 |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | STREET ADDRESS<br>CITY-ST-ZIP |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | STREET ADDRESS  **BK**<br>CITY-ST-ZIP |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | STREET ADDRESS<br>CITY-ST-ZIP |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | STREET ADDRESS<br>CITY-ST-ZIP |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | STREET ADDRESS<br>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

BY: Finlay Interests GP 33, LLC
  BY: Finlay GP Holdings, LTD., its member
    BY: Finlay Holdings, Inc., its general partner

**SIGNATURE:** _____   2/25/02   904-290-1000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER       Date    Daytime Phone #