

# 2002 UNIFORM BUSINESS REPORT (UBR)

0000347

**DOCUMENT #** A01000001222

**1. Entity Name**  
FINLAY INTERESTS 35, LTD.

**FILED**  
**Apr 12, 2002 8:00 A.M.**  
**Secretary of State**

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

**Mailing Address**  
P.O. BOX 4961  
ORLANDO FL 32801-4961



**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

City & State

Zip Country

**DUE BY MAY 1, 2002**

**4. FEI Number** ☒ Applied For ☐ Not Applicable

**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.**  
**390 NORTH ORANGE AVE., SUITE 1100**  
**ORLANDO FL 32801**

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.**

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**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**

DOCUMENT #	L01000015504
NAME	FINLAY INTERESTS GP 35, LLC
STREET ADDRESS	4300 MARSH LANDING BLVD., SUITE 101
CITY-ST-ZIP	JACKSONVILLE BEACH FL 32250
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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**13. ADDRESS CHANGES ONLY**

STREET ADDRESS	
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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 BY: the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes**

**BY: Finlay GP Holdings, LLC, its member**  
**BY: Finlay Holdings, LLC, its general partner**

**SIGNATURE:** \_\_\_\_\_ **DATE** 2/25/02 **Daytime Phone #** 904-280-1000

CR2E003 (9/01)