2004 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2004

_		Due By W	FLED			
	DOCUMENT # A0100001222					
F	FINLAY INTERESTS 35, LTD.			QL MAY 27 AM II	ı	
F	Principal Place of Business Mailing Address			SECRETARY OF ST. TALLAHASSEE, FLOR	4TE	
4	4300 MARSH LANDING BLVD., SUITE 101 JACKSONVILLE BEACH, FL 32250  4300 MARSH LANDING JACKSONVILLE BEACH,			INCLAMASSEE, FLOR	RIDA	
	¢.					
2	2. Principal Place of Business 3. Ma		3. Mailing Address		I IBBIDS IZII BOLDI IYOK OZIII BOWA OZIII DOMA OBAN INDIO SIDIO SIDIO SIDIA	
	Suite, Apt. #, etc.		Suite, Apt. #, etc.		01272004 Chg-LP CR2E003 (10/03)	
	City & State		City & State		11	ed For pplicable
	Zip 4	Country	Zip	Country	5. Certificate of Status Desired  \$8.75 Additional Search Sea Required	onal
	6. Name and Address of Current Registered Agent			Name	7. Name and Address of New Registered Agent	
	B&C CORPORATE SERVICES OF CENT. FL., INC.			111	DLAY HOLDINGS, INC	
	390 NORTH ORANGE AVE., SUITE 1100 ORLANDO, FL 32801			Street Address	(P.O.Box Number is Not Acceptable)	
			43	00 MARCH LANDING	<u> </u>	
L				City JAY	L PSACH FL 3992	<u>50</u>
8		named entity submits this statement from a register of agent	or the purpose of changing its	s registered office or registe	ered agent, or both, in the State of Florida. I am familiar with, an	d accept
	SIGNATURE Signature, typed or printed name of registreguenent and title if applicable.					7
!	9. Capital Contributions as Shown on record. \$50.00 141 25 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			13.	ADDRESS CHANGES ONLY	
	OCUMENT#	L01000015504 FINLAY INTERESTS GP 35, LLC		STREET ADDRESS		1
- 1	TREET ADDRESS	4300 MARSH LANDING BLVD., SUITE 101 JACKSONVILLE BEACH, FL 32250		CITY-ST-ZIP	700037815007	
	OCUMENT #	:		STREET ADDRESS	700037815007 06/09/0401079016 **141.7	25
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STALE	OCUMENT #	i		STREET ADDRESS	;	
7	REET ADDRESS	ž		CITY-ST-ZIP		
	14. I hereby of indicated the receiv	ertify that the information supplied wi on this report is true and accurate a er or trustee empowered to execute	th this Nigo does not quality for d that my signature shall have his report as equired by Cha	or the exemption stated in Sethe same legal effect as if pter 620, Florida Statutes	Section 119.07(3)(i), Florida Statutes. I further certify that the info f made under oath; that I am a General Partner of the limited par	rmation tnership or
	SIGNATURE: SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING GENERAL			('JWL	AY. M.b.K. 2-10.4	