## **2002 UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE:

DOCUMENT # A0100001226				FILED		
FINLAY INTERESTS 38, LTD.					02 APR 19 PM 3: 26	
Principal Place of Business 4300 MARSH LANDING BLVD SUITE 101 JACKSONVILLE BEACH FL 32250		Mailing Address P.O. BOX 4961 ORLANDO FL 32801-4961			SECRETARY OF STATE TALLAHASSEE FLORIDA	
2. Principal Place of Business		3. Mailing Address				
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			DUE BY MAY 1, 2002	
City & State	е	City & State			4. FEI Number Applied For Not Applied For	
Zip Country		Zip	Zip Country		5. Certificate of Status Desired   \$8.75 Additional Fee Required	
	6. Name and Address of Current	Registered Agent		Nama	7. Name and Address of New Registered Agent	
B&C COI	DOODATE SEDVICES OF CENT FI	I INC		Name		
B&C CORPORATE SERVICES OF CENT. FL., INC. 390 NORTH ORANGE AVE., SUITE 1100				Street Address (P.O. Box Number is Not Acceptable)		
ORLANDO FL 32801						
				City FL Zip Code		
8. The above	named entity submits this statement for	or the purpose of changing its i	registere	ed office or registe	ered agent, or both, in the State of Florida.	
SIGNATURE.	Signature, typed or printed name of registered agent	and title if applicable.		<del></del>	DATE	
9. Capital Contributions as Shown on record.  \$50.00  10. Amount of Capital Contributions in FLORIDA to date.				outions	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION	
					STERED AND ACTIVE WITH THIS OFFICE. ent must be filed to change a general partner.	
12.	GENERAL PARTNE	R INFORMATION	13.		ADDRESS CHANGES ONLY	
DOCUMENT # NAME	L01000015507   Finlay interests GP 38, LLC		STREE	ET ADDRESS		
STREET ADDRESS CITY-ST-ZIP	FINLAY INTERESTS GP 38, LLC 4300 MARSH LANDING BLVD., SUITE 101 JACKSONVILLE BEACH FL 32250		CITY-	·ST-ZIP		
DOCUMENT # NAME			STREI	ET ADDRESS	BK	
STREET ADDRESS CITY-ST-ZIP			CITY-	ST-ZIP		
DOCUMENT # NAME			STREE	ET ADDRESS	7000053282276 -04/24/0201012007	
STREET ADDRESS CITY-ST-ZIP			CITY-	ST-ZIP	****141.25 ****141.25	
DOCUMENT # NAME STREET ADDRESS			STREE	ET ADDRESS		
CITY-ST-ZIP			CITY-	ST-ZIP		
NAME			STREE	ET ADDRESS		
STREET ADDRESS CITY-ST-ZIP	ZIP		CITY-	ST-ZIP	·	
DOCUMENT / NAME STREET ADDRESS			STREE	ET ADDRESS		
CITY-ST-ZIP	ertify that the information supplied with	this filing does not qualify for		ST-ZIP	Section 119 07/3Vi) Florida Statutos I further certify that the information	
indicated	on this report is true and accurate and	that my signature shall have the	he same	Vegal effect as if	Section 119.07(3)(i), Florida Statutes. I further certify that the information made under oath; that I am a General Partner of the limited partnership o	