

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED

04 MAY 27 AM 11:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # A01000001227 1. Entity Name FINLAY INTERESTS 39, LTD.					
Principal Place of Business 4300 MARSH LANDING BLVD., SUITE 101 JACKSONVILLE BEACH, FL 32250			Mailing Address 4300 MARSH LANDING BLVD., SUITE 101 JACKSONVILLE BEACH, FL 32250		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number NOT APPLICABLE	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent B&C CORPORATE SERVICES OF CENT. FL., INC. 390 NORTH ORANGE AVE., SUITE 1100 ORLANDO, FL 32801			7. Name and Address of New Registered Agent Name FINLAY HOLDINGS, INC. Street Address (P.O. Box Number is Not Acceptable) Suite 101 4300 MARSH LANDING BLVD City JAX BEACH FL Zip Code 32250		
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 C. FINLAY, DIRECTOR 2-10-4 <small>Signature, typed or printed name of registered agent and title if applicable</small> <small>DATE</small>					
9. Capital Contributions as Shown on record. \$50.00 141.25			10. Amount of Capital Contributions 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		
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	L01000015508 FINLAY INTERESTS GP 39, LLC 4300 MARSH LANDING BLVD., SUITE 101 JACKSONVILLE BEACH, FL 32250		STREET ADDRESS CITY-ST-ZIP		
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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. 904-280-1000 C. FINLAY, MGR. 2-10-4					
SIGNATURE:			SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER C. FINLAY 2-10-4 <small>Signature</small> <small>Date</small>		

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