

**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

FILED

04 MAY 27 AM 11:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # A01000001247**

1. Entity Name  
**FINLAY INTERESTS 43, 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01272004 Chg-LP CR2E003 (10/03)

4. FEI Number  
**59-3748842**

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 **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

*[Signature]*

**C FINLAY - DIRECTOR - 2-10-4**

DATE

9. Capital Contributions as Shown on record, **\$50.00**

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 # **L01000015772**  
NAME **FINLAY INTERESTS GP 43, LLC**  
STREET ADDRESS **4300 MARSH LANDING BLVD., SUITE 101**  
CITY-ST-ZIP **JACKSONVILLE BEACH, FL 32250**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

**500037814605**  
**06/09/04 01073-008 \*\*141.25**

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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 the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**C. FINLAY - MGR - 2-10-4**

Date

Daytime Phone #

**904-780-1000**

STAPLE CHECK HERE