

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED


04 JUN 25 AM 9:31

STATE OF FLORIDA
 TALLAHASSEE

MJM

DOCUMENT # A01000001248

1. Entity Name
 FINLAY INTERESTS 44, 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) 4/25

4. FEI Number
 59-3748976

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

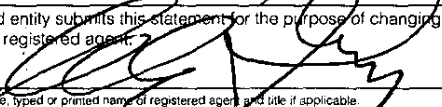
6. Name and Address of Current Registered Agent

B&C CORPORATE SERVICES OF CENT. FLA., 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
 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

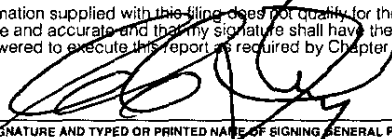
DOCUMENT #	L01000015773
NAME	FINLAY INTERESTS GP 44, LLC
STREET ADDRESS	4300 MARSH LANDING BLVD., SUITE 101
CITY-ST-ZIP	JACKSONVILLE BEACH, FL 32250
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY

STREET ADDRESS	
CITY-ST-ZIP	300038771953
STREET ADDRESS	07/07/04--01002--001 **141.25
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

STAPLE CHECK HERE

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:  C. FINLAY DIRECTOR 2.10.4 904-280-1000
 DATE Daytime Phone #