DOCUMENT # A0100001250  1. Entity Name						FILED		
FINLAY INTERESTS 46, LTD.						02 APR 19 PM 3: 42		
					SEC	SECRETARY OF STATE TALLARASSEE, FLORIDA		
Principal Place of Business Mailing Address 4300 MARSH LANDING BLVD SUITE 101 P.O. BOX 4961  JACKSONVILLE BEACH FL 32250 ORLANDO FL 32801-4961					(AC			
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2. Principal Place of Business 3. Mailing Address				· · · · ·				
Suite, Apt. #, etc. Suite, Apt. #, etc.						DUE BY MAY 1, 2002		
City & State		City & State		4. FELNumber Applied For Not Applied For Not Applicab				
Zip	Country	Zip	Coun	itry	5. Certificate of		\$8.75 Additional Fee Required	
<del></del>	6. Name and Address of Curren	t Registered Agent		Name	7. Name and A	ddress of New Registere	ed Agent	
B&C CORPORATE SERVICES OF CENT. FL., INC.					Address (P.O. Box Number is Not Acceptable)			
390 NORTH ORANGE AVE., SUITE 1100 ORLANDO FL 32801								
				City	FL Zip Code			
8. The above	named entity submits this statement f	or the purpose of changing	its register	L ed office or regis	stered agent, or both,		<del>-</del>	
SIGNATURE _	Signature, typed or printed name of registered agen	f and title if applicable				DAT		
9. Capital Contributions \$50.00 10. Amount of Capital Co				outions	11. MAKE CHECK PAYABLE TO DEPT. OF STATE			
as snown t	A GENERAL PARTNER NOTE: General Partners M.	in FLORIDA to	ENTITY M	UST BE REG	ISTERED AND AC	TIVE WITH THIS OFF	FOR FEE INFORMATION &	
12.	GENERAL PARTNE		13.	.,		ADDRESS CHANGES O		
DOCUMENT # NAME	L01000015775 FINLAY INTERESTS GP 46, LLC			ET ADDRESS				
STREET ADDRESS CITY-ST-ZIP DOCUMENT #	JACKSONVILLE BEACH FL 322	50	CITY	-ST-ZIP		3000053269335 -04/23/0201067011 ****141.25 ****141.25		
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indicated of	ertify that the information supplied with on this report is true and accurate and a crurate and a cr	this filing does not qualify that my signature shall hav is report as required by Cha This manager This general	re the same pter 620, F	i legal effect as i Torida Statutes	Section 119,07(3)(i), f made under oath; th	Florida Statutes. I further c nat I am a General Partner	ertify that the information of the limited partnership o	

eral partner

SIGNATURE:

2/25/02 904-280-1000 Date Daytime Phone #