

2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
Apr 22, 2005 8:00 am
Secretary of State

DOCUMENT # A01000001250 1. Entity Name FINLAY INTERESTS 46, LTD.					
Principal Place of Business 4300 MARSH LANDING BLVD., SUITE 101 JACKSONVILLE BEACH, FL 32250			Mailing Address P.O. BOX 4961 ORLANDO, FL 32801-4961		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-3448890	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
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 Jacksonville 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 				DATE 04-04-05	
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 #	L01000015775		STREET ADDRESS		
NAME	FINLAY INTERESTS GP 46, LLC		CITY-ST-ZIP		
STREET ADDRESS	4300 MARSH LANDING BLVD., SUITE 101				
CITY-ST-ZIP	JACKSONVILLE BEACH, FL 32250				
DOCUMENT #			STREET ADDRESS		
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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 				DATE 04-04-05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER				DAYTIME PHONE # 904-280-1000	

STAPLE CHECK HERE

