

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A01000001250**

1. Entity Name  
**FINLAY INTERESTS 46, LTD.**



FILED

03 FEB 21 PM 1:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**DUE BY MAY 1, 2003**

4. FEI Number **59-3448890**

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

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions  
as Shown on record.

**\$50.00**

10. Amount of Capital Contributions  
in FLORIDA to date.

**\$50.00**

11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

**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**  
NAME **FINLAY INTERESTS GP 46, LLC**  
STREET ADDRESS **4300 MARSH LANDING BLVD., SUITE 101**  
CITY-ST-ZIP **JACKSONVILLE BEACH FL 32250**

STREET ADDRESS

CITY-ST-ZIP

**600013086046**  
**02/25/03--01015--014 \*\*150.00**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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.

By: **Finlay GP Holdings, Ltd., its member**, By: **Finlay Holdings, Inc., its general partner**

SIGNATURE:

**SIGNATURE REQUIRED**

By: **Finlay Holdings, Inc., its general partner**

Exec. VP

Date

Daytime Phone #

**2/17/03 (904) 694-1000**

CR2E003 (10/02)