

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A01000001251**

1. Entity Name

**FINLAY INTERESTS 41, LTD.**

**FILED**

**02 APR 19 PM 3:39**

**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

**DUE BY MAY 1, 2002**

4. FEI Number

**59-3751522**

Applied For

Not Applicable

Zip

Country

Zip

Country

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. FLA., 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.

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.

11. MAKE CHECK PAYABLE TO 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 # **L01000015789**  
NAME **FINLAY INTERESTS GP 41, LLC**  
STREET ADDRESS **4300 MARSH LANDING BLVD., SUITE 101**  
CITY-ST-ZIP **JACKSONVILLE BEACH FL 32250**

STREET ADDRESS

CITY-ST-ZIP

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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

BY: **Finlay Interests GP 41, LLC**  
BY: **Finlay GP Holdings, Ltd.** its manager  
BY: **Finlay Holdings, Inc.** its general partner  
SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**2/25/02 904.280-1000**  
Date Daytime Phone #

0000346 AV

CR2E003 (9/01)