

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

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AV

DOCUMENT # **A01000001252**



1. Entity Name  
**FINLAY INTERESTS 42, LTD.**

**FILED**  
03 FEB 21 PM 1:07  
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  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

Zip Country

**DUE BY MAY 1, 2003**

4. FEI Number **59-3748826**

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. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. **\$50.00**

10. Amount of Capital Contributions in FLORIDA to date.

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 # **L01000015791**  
NAME **FINLAY INTERESTS GP 42, 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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**000013085010**  
**02/25/03--01015--011 \*\*150.00**

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*2/24 [Signature]*

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

SIGNATURE: *[Signature]* DATE: \_\_\_\_\_ DAYTIME PHONE #: **(904) 694-1000**

3 SAMPLE CHECK HERE

CR2E003 (10/02)