

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED

04 MAY 27 AM 11:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01272004 Chg-LP CR2E003 (10/03)

4. FEI Number **59-3756195** Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent:

B&C CORPORATE SERVICES OF CENT. FLA., INC.
390 NORTH ORANGE AVENUE, SUITE 1100
ORLANDO, FL 32801

7. Name and Address of New Registered Agent:

Name **FINLAY HOLDINGS, INC.**
Street Address (B.O. Box Number is Not Acceptable) **4300 MARSH LANDING BLVD**
Suite 101
City **JAY BEACH** FL **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

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

C. FINLAY DIRECTOR 2.10.4

DATE

9. Capital Contributions as Shown on record **\$50.00 141.25**

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 #	LO1000019117	STREET ADDRESS	
NAME	FINLAY INTERESTS GP 23, LLC	CITY-ST-ZIP	
STREET ADDRESS	4300 MARSH LANDING BLVD., SUITE 101	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE BEACH, FL 32250	CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
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NAME		CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

C. FINLAY MGR 2.10.4

Date

Daytime Phone #

STAPLE CHECK HERE