

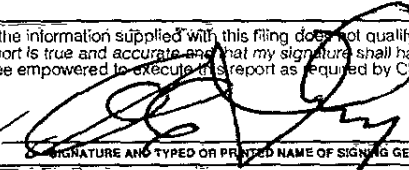
2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # A01000001476 1. Entity Name FINLAY INTERESTS 23, LTD.					
Principal Place of Business 4300 MARSH LANDING BLVD., SUITE 101 JACKSONVILLE BEACH, FL 32250			Mailing Address 4300 MARSH LANDING BLVD., SUITE 101 JACKSONVILLE BEACH, FL 32250		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt #, etc.			Suite, Apt #, etc.		
City & State			City & State		
Zip		Country		4. FCI Number 59-3756195	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FINLAY HOLDINGS, INC. 4300 MARSH LANDING BLVD., SUITE 101 JACKSONVILLE BEACH, FL 32250				7. Name and Address of New Registered Agent 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 is 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.		
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 #	L01000019117			STREET ADDRESS	
NAME	FINLAY INTERESTS GP 23, LLC			CITY-ST-ZIP	
STREET ADDRESS	4300 MARSH LANDING BLVD., SUITE 101				
CITY-ST-ZIP	JACKSONVILLE BEACH, FL 32250				
DOCUMENT #				STREET ADDRESS	
NAME				CITY-ST-ZIP	
STREET ADDRESS					
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STREET ADDRESS					
CITY-ST-ZIP					

STAPLE CHECK HERE

U00000346604
 04/30/05-80093-013 141.25

SIGNATURE:  **C. Finlay**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

04/04/05 904-280-1000
Date Daytime Phone #

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f) 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