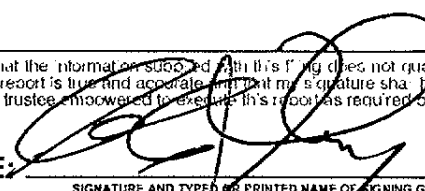


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # A01000001505 1. Entity Name FINLAY INTERESTS 9, 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		Zip	
Country		Country		03302006 Chg-LP CR2E003 (11/05)	
4. FEI Number 59-3756919				Applied For ☐ Not Applicable	
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's 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 _____					
FILE NOW!!! FEE IS \$500.00 After May 1, 2006, Fee will be \$900.00					
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 #	L01000019529		STREET ADDRESS		
NAME	FINLAY INTERESTS GP 9, 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					
CITY, ST, ZIP					
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NAME			CITY, ST, ZIP		
STREET ADDRESS					
CITY, ST, ZIP					
14. I hereby certify that the information submitted with this filing does not qualify for the exemptions contained in Chapter 119, 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: 			Christopher C. Finlay 4/4/06		

STAPLE CHECK HERE