

**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

**FILED**

04 JUN -4 PM 3:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



01272004 Chg-LP CR2E003 (10/03)

4. FEI Number 01-0603219 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 **FINLAY HOLDINGS, INC.**  
Street Address (P.O. Box Number is Not Acceptable) **4300 MARSH LANDING BLVD**  
**Suite 101**  
City **JAX 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**

DATE

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 # L02000003952  
NAME FINLAY INTERESTS GP 18, 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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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