

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

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

DOCUMENT # A02000000218

1. Entity Name
FINLAY INTERESTS 18, 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

03292006 Chg-LP CR2E003 (11/05)

4. FCI 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

FINLAY HOLDINGS, INC.
4300 MARSH LANDING BLVD., SUITE 101
JACKSONVILLE BEACH, FL 32250

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

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 # **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

000000554268
05/15/06-80085-007 500.00

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CITY ST ZIP

14. I hereby certify that the information supplied with this form 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Christopher C. Finlay

DATE

4/4/06

STAPLE CHECK HERE