

**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By September 12, 2008**

**FILED**

08 AUG 11 PM 1:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



07112008 Chg-LP CR2E003 (12/06)

4. FEI Number **01-0603219** Applied For  Not Applicable

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

**DOCUMENT # A02000000218**

1. Entity Name  
**FINLAY INTERESTS 18, LTD.**



Principal Place of Business <b>4300 MARSH LANDING BLVD., SUITE 101  JACKSONVILLE BEACH, FL 32250</b>	Mailing Address <b>4300 MARSH LANDING BLVD., SUITE 101  JACKSONVILLE BEACH, FL 32250</b>
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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**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, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$500.00**  
**Due by September 12, 2008**

In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.

**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 # NAME STREET ADDRESS CITY-ST-ZIP	L02000003952 FINLAY INTERESTS GP 18, LLC 4300 MARSH LANDING BLVD., SUITE 101 JACKSONVILLE BEACH, FL 32250	STREET ADDRESS CITY-ST-ZIP	<b>300134094068</b> 08/08/08--01003--004 **\$500.00
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STAPLE CHECK HERE

14. I hereby certify that the information supplied 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:**  \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_