

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

**DOCUMENT # A02000000265**

1. Entity Name  
**COLLINS COVE HOUSING PARTNERS, LTD.**



**FILED**  
**08 MAY 15 PM 12:37**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

Principal Place of Business  
**4300 MARSH LANDING BLVD, STE 101**  
**JACKSONVILLE BEACH, FL 32250**

Mailing Address  
**4300 MARSH LANDING BLVD, STE 101**  
**JACKSONVILLE BEACH, FL 32250**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

05142008 Chg-LP CR2E003 (12/06)

4. FEI Number  
**75-3034806**

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

Name **Finlay Holdings, Inc.**  
 Street Address (P.O. Box Number is Not Acceptable) **4300 Marsh Landing Blvd #101**  
**Jacksonville Bch, Fl. 32250**  
 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 # **L02000004818**  
 NAME **COLLINS COVE HOUSING ASSOCIATES LLC**  
 STREET ADDRESS **1006 BECKSTROM DRIVE**  
 CITY-ST-ZIP **OVIEDO, FL 32765**

STREET ADDRESS  
 CITY-ST-ZIP

DOCUMENT # **L01000015775**  
 NAME **FINLAY INTERESTS GP 46, LLC**  
 STREET ADDRESS **4300 MARSH LANDING BLVD, STE 101**  
 CITY-ST-ZIP **JACKSONVILLE BEACH, FL 32250**

STREET ADDRESS  
 CITY-ST-ZIP

**200130173042**  
**05/23/08--01012--025 \*\*500.00**

DOCUMENT #  
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 CITY-ST-ZIP

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]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**5-14-08**  
 Date

Daytime Phone #

STAPLE CHECK HERE