2004 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2004

DOCUMENT # A02000000282 04 JUN 25 AM 9: 29 FINLÁY INTERESTS 7, LTD. Principal Place of Business Mailing Address 4300 MARSH LANDING BLVD., SUITE 101 4300 MARSH LANDING BLVD., SUITE 101 JACKSONVILLE BEACH, FL 32250 JACKSONVILLE BEACH, FL 32250 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02032004 Chg-LP CR2E003 (10/03) City & State City & State 4. FEI Number 81-0555443 Not Applicable Zìp Zio Country \$8.75 Additional 5. Certificate of Status Desired 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 AVENUE, SUITE 1100 ORLANDO, FL 32801 PEACH 8. The above named purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation C.FINLAY. DIRECTOR 2:10.4 SIGNATURE agent and title if an 9. Capital Contributions 10. Amount of Capital Contributions \$1,941,472.00 as Shown on record. 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 # L02000005031 STREET ADDRESS NAME FINLAY INTERESTS GP 7, LLC STREET ADDRESS 4300 MARSH LANDING BLVD., SUITE 101 CITY-ST-ZiP CITY-ST-ZIP JACKSONVILLE BEACH, FL 32250 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP-CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 14. Thereby certify that the information supplied with this filling 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 hat my acquate 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 empoyered to execute this report as required by chapter 620, Florida Statutes 904-180-1000 904-280-1000 SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNIN SENERAL PARTNER

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