

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED

May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # A02000000453 1. Entity Name FINLAY INTERESTS MT 2, 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 Suite, Apt. #, etc.			3. Mailing Address Suite Apt #, etc.		
City & State			City & State		
Zo		Country		Zip	
Country		Zip		Country	
5. Name and Address of Current Registered Agent B&C CORPROATE SERVICES OF CENT. FLA, INC. 390 NORTH ORANGE AVE., SUITE 1100 ORLANDO, FL 32801				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
4. FEI Number 01-0649817					
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required					
6. 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 # NAME STREET ADDRESS CITY ST ZIP	L02000007260 FINLAY INTERESTS MT GP 2, LLC 4300 MARSH LANDING BLVD., SUITE 101 JACKSONVILLE BEACH, FL 32250		STREET ADDRESS CITY ST ZIP	000000554262 05/15/06-80085-002 500.00	
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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			Christopher C. Finlay 4/4/06		

STAPLE CHECK HERE