


2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
Apr 24, 2007 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 - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 01-0649817	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. 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	
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 _____ <small>Signature, typed or printed name of registered agent and fee, if applicable</small>					
FILE NOW!!! FEE IS \$500.00 After May 1, 2007, 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 #	L02000007260		STREET ADDRESS		
NAME	FINLAY INTERESTS MT GP 2, LLC		CITY- ST- ZIP		
STREET ADDRESS	4300 MARSH LANDING BLVD., SUITE 101		STREET ADDRESS		
CITY- ST- ZIP	JACKSONVILLE BEACH, FL 32250		CITY- ST- ZIP		
DOCUMENT #			STREET ADDRESS		
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14. I hereby certify that the information supplied with this report 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 file this report as required by Chapter 620, Florida Statutes					
SIGNATURE _____ <small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			Christopher C. Finlay 4/12/2007 904 280-1000		

STAPLE CHECK HERE



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