

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A02000000453**

1. Entity Name  
**FINLAY INTERESTS MT 2, LTD.**



**FILED**

**03 MAY -7 PM 1:30**

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

Mailing Address  
~~P.O. BOX 4981~~  
~~ORLANDO FL 32801-4981~~  
**4300 MARSH LANDING BLVD, SUITE 101  
JACKSONVILLE BEACH, FL 32250**

SECRETARY OF STATE  
TALLAHASSEE FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

**4300 Marsh Landing Boulevard  
Suite 101  
Jacksonville Beach, FL 32250**

**DUE BY MAY 1, 2003**

4. FEI Number

**01-34342440**

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

**B&C CORPROATE SERVICES OF CENT. FLA, INC.  
390 NORTH ORANGE AVE., SUITE 1100  
ORLANDO FL 32801**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions  
as Shown on record.

**\$50.00**

10. Amount of Capital Contributions  
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

**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 # **L02000007280**  
NAME **FINLAY INTERESTS MT GP 2, LLC**  
STREET ADDRESS **4300 MARSH LANDING BLVD., SUITE 101**  
CITY-ST-ZIP **JACKSONVILLE BEACH FL 32250**

STREET ADDRESS

CITY-ST-ZIP

**200018315832**

**05/07/03--01007--020 \*\*141.25**

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the rec  
BY: Finlay MT GP 2, LLC  
BY: Finlay GP Holdings, Ltd., Its Member  
BY: Finlay Holdings, Inc., Its General Partner  
BY: Christopher C. Finlay, President

omption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information  
a legal effect as if made under oath; that I am a General Partner of the limited partnership or  
Florida Statutes

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**4/28/03**

Date

**(904) 280-1000**

Daytime Phone #

CR2E003 (10/02)

0000432 AV