
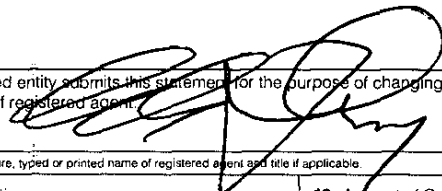
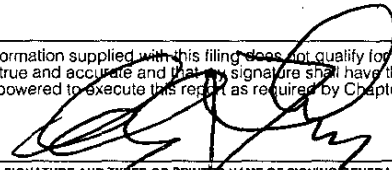


**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

FILED

04 MAY 27 AM 11:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # A02000000906</b> 1. Entity Name <b>FINLAY INTERESTS 11, LTD.</b>					
Principal Place of Business <b>4300 MARSH LANDING BLVD., SUITE 101          JACKSONVILLE, FL 32250</b>			Mailing Address <b>4300 MARSH LANDING BLVD., SUITE 101          JACKSONVILLE, FL 32250</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>52-2367059</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>B&amp;C CORPORATE SERVICES OF CENTRAL FLORIDA          390 NORTH ORANGE AVENUE, SUITE 1100          ORLANDO, FL 32801</b>				7. Name and Address of New Registered Agent Name <b>FINLAY HOLDINGS, INC</b> Street Address (R.O. Box Number is Not Acceptable) <b>4300 MARSH LANDING BLVD</b> Suite <b>101</b> City <b>JAX BEACH</b> FL Zip <b>32250</b>	
8. The above named entity admits 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  <b>C. FINLAY - DIRECTOR 2-10-4</b> Signature, typed or printed name of registered agent and title if applicable. DATE					
9. Capital Contributions as Shown on record. <b>\$50.00</b>			10. Amount of Capital Contributions in FLORIDA to date.		
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be charged on the form; an amendment must be filed to change a general partner.</b>					
<b>12. GENERAL PARTNER INFORMATION</b>			<b>13. ADDRESS CHANGES ONLY</b>		
DOCUMENT #	L02000016649		STREET ADDRESS		
NAME	FINLAY INTERESTS GP 11, L.L.C.		CITY-ST-ZIP		
STREET ADDRESS	4300 MARSH LANDING BLVD., SUITE 101		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32250		CITY-ST-ZIP		
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS			STREET ADDRESS		
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NAME			CITY-ST-ZIP		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
14. I hereby certify that the information supplied with this filing 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 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: 			<b>C. FINLAY MGR 2-10-4</b> 904-280-1000		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date Daytime Phone #		

STAPLE CHECK HERE