


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

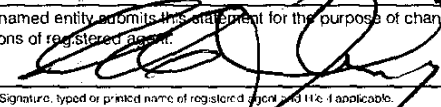
DOCUMENT # A03000001811	
1. Entity Name FINLAY INTERESTS 20, LTD.	

Principal Place of Business 4300 MARSH LANDING BLVD., SUITE 101 JACKSONVILLE BEACH, FL 32250	Mailing Address P.O. BOX 4961 ORLANDO, FL 32821-4961
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

6. Name and Address of Current Registered Agent B&C CORPORATE SERVICES OF CENTRAL FLORIDA 390 NORTH ORANGE AVENUE, SUITE 1100 ORLANDO, FL 32801	7. Name and Address of New Registered Agent Name: Finlay Holdings, Inc. Street Address (P.O. Box Number is Not Acceptable): Suite 101 4300 Marsh Landing Blvd. City: Jacksonville FL Zip Code: 32250
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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.

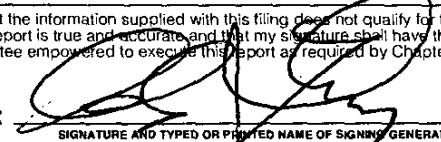
SIGNATURE:  C. Finlay - Director 3/5/04

9. Capital Contributions as Shown on record. \$50.00 141.25	10. Amount of Capital Contributions in FLORIDA to date.
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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 #	L03000055798	STREET ADDRESS	
NAME	FINLAY INTERESTS GP 20, LLC	CITY-ST-ZIP	
STREET ADDRESS	4300 MARSH LANDING BLVD., SUITE 101		
CITY-ST-ZIP	JACKSONVILLE BEACH, FL 32250		
DOCUMENT #		STREET ADDRESS	400037814614
NAME		CITY-ST-ZIP	06/09/04--01077--017 **141.25
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
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:  C. Finlay-member 3/5/04 (904) 280-1000

FILED

04 MAY 27 AM 11:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04022004 Chg-LP CR2E003 (10/03)

4. FEI Number 59-3679098 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

STAPLE CHECK HERE