

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

**FILED**  
**Apr 19, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # A09527**  
 1. Entity Name  
**FININVEST INVESTMENTS, A LIMITED PARTNERSHIP**



Principal Place of Business      Mailing Address  
 240 CRANDON BLVD.      240 CRANDON BLVD.  
 SUITE 212      SUITE 212  
 KEY BISCAYNE, FL 33149      KEY BISCAYNE, FL 33149

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country



03242004      Chg-LP      CR2E003 (10/03)

4. FEI Number      Applied For  
 59-2120819      Not Applicable

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

**6. Name and Address of Current Registered Agent**  
 KIENE, H J  
 240 CRANDON BLVD., #202  
 KEY BISCAYNE, FL 33149

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

9. Capital Contributions as Shown on record.      \$3,161,829.00      10. Amount of Capital Contributions in FLORIDA to date.

**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 |                         |
|---------------------------------|-------------------------|
| DOCUMENT #                      | K27473                  |
| NAME                            | TESAURUS HOLDINGS, INC. |
| STREET ADDRESS                  | 240 CRANDON BLVD. #212  |
| CITY-ST-ZIP                     | KEY BISCAYNE, FL        |
| DOCUMENT #                      |                         |
| NAME                            |                         |
| STREET ADDRESS                  |                         |
| CITY-ST-ZIP                     |                         |
| DOCUMENT #                      |                         |
| NAME                            |                         |
| STREET ADDRESS                  |                         |
| CITY-ST-ZIP                     |                         |
| DOCUMENT #                      |                         |
| NAME                            |                         |
| STREET ADDRESS                  |                         |
| CITY-ST-ZIP                     |                         |
| DOCUMENT #                      |                         |
| NAME                            |                         |
| STREET ADDRESS                  |                         |
| CITY-ST-ZIP                     |                         |

| 13. ADDRESS CHANGES ONLY |                           |
|--------------------------|---------------------------|
| STREET ADDRESS           |                           |
| CITY-ST-ZIP              |                           |
| STREET ADDRESS           | 000000133590              |
| CITY-ST-ZIP              | 04/27/04-80094-015 526.25 |
| STREET ADDRESS           |                           |
| CITY-ST-ZIP              |                           |
| STREET ADDRESS           |                           |
| CITY-ST-ZIP              |                           |
| STREET ADDRESS           |                           |
| CITY-ST-ZIP              |                           |
| STREET ADDRESS           |                           |
| CITY-ST-ZIP              |                           |

STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** H. Joseph Kiene, 4/12/2004 305 361-2742  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER      Date      Daytime Phone #