

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0010222 AT

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



FILED

03 FEB 17 AM 10:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
**240 CRANDON BLVD.
SUITE 212
KEY BISCAYNE FL 33149**

Mailing Address
**240 CRANDON BLVD.
SUITE 212
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

DUE BY MAY 1, 2003

4. FEI Number **59-2120819**

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

**KIENE, H J
240 CRANDON BLVD., #202
KEY BISCAYNE FL 33149**

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.

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 #	K27473	STREET ADDRESS	
NAME	TESAURUS HOLDINGS, INC.	CITY-ST-ZIP	300012598913
STREET ADDRESS	240 CRANDON BLVD. #212		02/17/03--01078--015 **526.25
CITY-ST-ZIP	KEY BISCAYNE FL	STREET ADDRESS	
DOCUMENT #		CITY-ST-ZIP	
NAME		STREET ADDRESS	
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NAME		STREET ADDRESS	
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP		STREET ADDRESS	

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: **SIGNATURE REQUIRED Joseph Kiene** **2/13/2003** **305 361-2742**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (10/02)