

2002 UNIFORM BUSINESS REPORT (UBR)

0020944 SP

DOCUMENT # B01000000250

1. Entity Name

TAURSA FUND, L.P.

FILED

02 MAY -1 PM 4:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

180 14TH STREET
KEY COLONY BEACH FL 33051

Mailing Address

P.O. BOX 400
MARATHON FL 33050

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DUE BY MAY 1, 2002

Zip

Country

Zip

Country

4. FEI Number

94-3219721

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

HECKSHER, ROBERT

180 14TH STREET

KEY COLONY BEACH FL 33051

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.

SIGNATURE

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

DATE

9. Capital Contributions
as Shown on record.

\$100,000,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO 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 #	HECKSHER, ROBERT
NAME	180 14TH STREET
STREET ADDRESS	KEY COLONY BEACH FL 33051
CITY-ST-ZIP	
DOCUMENT #	F01000003652
NAME	TAURSA CAPITAL MANAGEMENT, INC.
STREET ADDRESS	180 14TH STREET
CITY-ST-ZIP	KEY COLONY BEACH FL 33051
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
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STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	200005503662--6
CITY-ST-ZIP	-05/10/02--01080--029
	****141.25 ****141.25
STREET ADDRESS	BK
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
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:

Robert Hecksher REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/29/02 305-289-5321

Date

Daytime Phone #

CR2E003 (9/01)