

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B01000000250

1. Entity Name
TAURSA FUND, L.P.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 MAY 15 PM 5:09

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.

DUE BY MAY 1, 2003

City & State

City & State

4. FEI Number 94-3219721

Applied For
Not Applicable

Zip

Country

Zip

Country

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. 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. \$100,000,000.00

10. Amount of Capital Contributions in FLORIDA to date. 0

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 #
NAME
STREET ADDRESS
CITY-ST-ZIP
HECKSHER, ROBERT
180 14TH STREET
KEY COLONY BEACH FL 33051

STREET ADDRESS
CITY-ST-ZIP

400019097834
05/15/03--01081--002 **541.25

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
F01000003652
TAURSA CAPITAL MANAGEMENT, INC.
180 14TH STREET
KEY COLONY BEACH FL 33051

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

5/1/03

305-2895321

Date

Daytime Phone #

CR2E003 (10/02)

002119 FP

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0012887 AT

DOCUMENT # A03529

1. Entity Name
BEL-HI COMPANY, LIMITED



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 MAY 15 PM 5:19

Principal Place of Business
1599 SW 7TH CT.
BOCA RATON FL 33486

Mailing Address
1599 SW 7TH CT.
BOCA RATON FL 33486



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2003

City & State

City & State

4. FEI Number 59-1524170

Applied For

Not Applicable

Zip

Country

Zip

Country

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

GUZZONE, SALVATORE N
1599 SW 7TH CT.
BOCA RATON FL 33486

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

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

DATE

9. Capital Contributions
as Shown on record.

\$64,000.00

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

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CITY - ST - ZIP

GUZZONE, SALVATORE N.
1599 SW 7TH CT.
BOCA RATON FL 33486

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

100019086061
05/15/03--01060--009 **535.00

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SIGNATURE:

Salvatore N. Guzzone Salvatore N. Guzzone 4/6/03 561-368 7441

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (10/02)

STAPLE CHECK HERE