

**FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP  
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

**LIMITED PARTNERSHIP  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

ST. JOHN'S COUNTY  
DIVISION OF CORPORATIONS  
99 JAN 29 PM 1:42

1. Name of Limited Partnership <b>1457 LIMITED PARTNERSHIP</b>		1a. DOCUMENT # <b>A33293</b>	
Mailing Address P.O. BOX 15707 WEST PALM BEACH FL 33416	Principal Office Address P.O. BOX 15707 WEST PALM BEACH FL 33416		
2. Mailing Address Suite, Apt #, etc City & State Zip Country	2a. Principal Office Address Suite, Apt #, etc City & State Zip Country		



3. Date Formed or Registered <b>08/11/1992</b>	5a. Capital Contributions as Shown on record <b>\$300,000.00</b>
3a. Date of Last Report <b>12/29/1997</b>	5b. Amount of Capital Contributions in FLORIDA to date
4. State or Country of Formation <b>FL</b>	
6. FEI Number <b>65-6098604</b>	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
8. Make check payable to Dept. of State (See reverse side for form instructions)	

9. Name and Address of Current Registered Agent <b>MERCURIO, JOHN F. 1441 N. MILITARY TRAIL WEST PALM BEACH FL 33409</b>	10. If changed, new Registered Agent Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt #, etc City <b>FL</b> Zip Code
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10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above named limited partnership organized or registered under the laws of the State of Florida submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) \_\_\_\_\_ DATE \_\_\_\_\_  
**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY  
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s) <b>MERCURIO, JOHN F.</b>	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) <b>1441 N. MILITARY TRAIL</b>	11b. City, State & Zip Code <b>W. PALM BEACH FL</b>	11c. Registration Document Number <b>3000002764403--5 -02/04/99--01019--007 ****88.75 ****88.75</b>
			<b>3000002764403--5 -02/04/99--01019--008 ****437.50 ****437.50</b>

**Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.**

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption established in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information included on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE **12-16-98**  
Typed or Printed Name of General Partner Signing Form: **John F. Mercurio** Daytime Telephone Number: **561 684 2200**

CR2E003 (8/98)