

**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2004**

**FILED**  
**Apr 09, 2004 08:00 AM**  
**Secretary of State**

|  |   |
|--|---|
| <b>DOCUMENT # A33293</b><br>1. Entity Name<br>1457 LIMITED PARTNERSHIP |  |
|--|---|

|   |   |
|---|---|
| Principal Place of Business<br>P.O. BOX 15707<br>WEST PALM BEACH FL 33416 | Mailing Address<br>P.O. BOX 15707<br>WEST PALM BEACH FL 33416 |
|---|---|



MOORE CR2E003 (11/03)

|                                |                    |
|--------------------------------|--------------------|
| 2. Principal Place of Business | 3. Mailing Address |
|--------------------------------|--------------------|

|                     |                     |
|---------------------|---------------------|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
|---------------------|---------------------|

|              |              |
|--------------|--------------|
| City & State | City & State |
|--------------|--------------|

|     |         |     |         |
|-----|---------|-----|---------|
| Zip | Country | Zip | Country |
|-----|---------|-----|---------|

|                             |  |
|-----------------------------|--|
| 4. FEI Number<br>65-6098604 | Applied For<br><input type="checkbox"/> Not Applicable |
|-----------------------------|--|

|   |                                |
|---|--------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|--------------------------------|

**6. Name and Address of Current Registered Agent**

MERCURIO, JOHN F.  
1441 N. MILITARY TRAIL  
WEST PALM BEACH FL 33409

**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 wife if applicable.

9. Capital Contributions as Shown on record. **\$300,000.00**

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**

| DOCUMENT # | NAME              | STREET ADDRESS         | CITY - ST - ZIP  |
|------------|-------------------|------------------------|------------------|
|            | MERCURIO, JOHN F. | 1441 N. MILITARY TRAIL | W. PALM BEACH FL |
| DOCUMENT # | NAME              | STREET ADDRESS         | CITY - ST - ZIP  |
| DOCUMENT # | NAME              | STREET ADDRESS         | CITY - ST - ZIP  |
| DOCUMENT # | NAME              | STREET ADDRESS         | CITY - ST - ZIP  |
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| DOCUMENT # | NAME              | STREET ADDRESS         | CITY - ST - ZIP  |
| DOCUMENT # | NAME              | STREET ADDRESS         | CITY - ST - ZIP  |

**13. ADDRESS CHANGES ONLY**

| STREET ADDRESS | CITY - ST - ZIP                           |
|----------------|---|
|                | 000000114964<br>04/16/04-80005-008 526.25 |
| STREET ADDRESS | CITY - ST - ZIP                           |
| STREET ADDRESS | CITY - ST - ZIP                           |
| 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)(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:  **Partners** 4-6-04 561-686-6677  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #