


**2006 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2006**

FILED
Apr 14, 2006 08:00 AM
Secretary of State

DOCUMENT # A33293
1. Entity Name
1457 LIMITED PARTNERSHIP



Principal Place of Business: P.O. BOX 15707, WEST PALM BEACH FL 33416
Mailing Address: P.O. BOX 15707, WEST PALM BEACH FL 33416



2. Principal Place of Business: Suite, Apt. #, etc. City & State Zip Country
3. Mailing Address: Suite, Apt. #, etc. City & State Zip Country

1st MOORE CR2E003 (10/05)

6. Name and Address of Current Registered Agent
MERCURIO, JOHN F.
1441 N. MILITARY TRAIL
WEST PALM BEACH FL 33409

4. FEI Number: 65-6098604
Applied For: Not Applied For:
5. Certificate of Status Desired: \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent
Name: _____
Street Address (P.O. Box Number is Not Acceptable): _____
City: _____ FL Zip Code: _____

B. 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

FILE NOW!!! Fee is \$500. * After May 1, 2006, fee will be \$900. *** Make check payable to Florida Department of State.**

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 #	MERCURIO, JOHN F.	STREET ADDRESS	
NAME	1441 N. MILITARY TRAIL	CITY-ST-ZIP	
STREET ADDRESS	W. PALM BEACH FL		
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	110000506873
NAME		CITY-ST-ZIP	04/28/06-80022-022 500.00
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CITY-ST-ZIP			

STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  *Gen Partner* **4-10-06 561-6842002**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #