

2002 UNIFORM BUSINESS REPORT (UBR)

APPROVE
AND
FILED

01/18/03
A1

DOCUMENT # A33293

1. Entity Name
1457 LIMITED PARTNERSHIP

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

02 APR 16 PM 3: 56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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 **65-6098604** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

DUE BY MAY 1, 2002

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent

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

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 _____ DATE _____
Signature, typed or printed name of registered agent and title 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 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 #	MERCURIO, JOHN F. 1441 N. MILITARY TRAIL W. PALM BEACH FL	STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
DOCUMENT #		STREET ADDRESS	100005316351--4
NAME		CITY-ST-ZIP	-04/23/02--01014--012
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DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			

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: *[Signature]* **GEN PARTNER** **4-11-02** **561-683-1444**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/01)