

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

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

DOCUMENT # A33293 1. Entity Name 1457 LIMITED PARTNERSHIP	
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Principal Place of Business P.O. BOX 15707 WEST PALM BEACH FL 33416	Mailing Address P.O. BOX 15707 WEST PALM BEACH FL 33416
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MOORE CR2E003 (11/03)

2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number 65-6098604	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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. 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

13. ADDRESS CHANGES ONLY

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
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STREET ADDRESS	CITY - ST - ZIP
	000000114964 04/16/04-80005-008 526.25
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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 #