


**2008 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2008**

**FILED  
Apr 10, 2008 08:00 AM  
Secretary of State**

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

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



|  |                     |
|--|---------------------|
| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address  |
| Suite, Apt. #, etc.                            | Suite, Apt. #, etc. |

1st MOORE CR2E003 (10/07)

|              |              |                                    |  |
|--------------|--------------|------------------------------------|--|
| City & State | City & State | 4. FEI Number<br><b>65-6098604</b> | Applied For<br><input type="checkbox"/> Not Applicable |
| Zip          | Country      | Zip                                | Country  |

|   |                                       |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> 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 \_\_\_\_\_  
Signature (typed or printed name) of registered agent and title if applicable.

000000890534  
04/22/08-20100-003 500.00  
DATE

**FILE NOW!!! Fee is \$500. After May 1, 2008, 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 |                               |
|---------------------------------|-------------------------------|
| DOCUMENT #                      |                               |
| NAME                            | <b>MERCURIO, JOHN F.</b>      |
| STREET ADDRESS                  | <b>1441 N. MILITARY TRAIL</b> |
| CITY-ST-ZIP                     | <b>W. PALM BEACH FL</b>       |
| DOCUMENT #                      |                               |
| NAME                            |                               |
| STREET ADDRESS                  |                               |
| CITY-ST-ZIP                     |                               |
| DOCUMENT #                      |                               |
| NAME                            |                               |
| STREET ADDRESS                  |                               |
| CITY-ST-ZIP                     |                               |
| DOCUMENT #                      |                               |
| NAME                            |                               |
| STREET ADDRESS                  |                               |
| CITY-ST-ZIP                     |                               |

| 13. ADDRESS CHANGES ONLY |  |
|--------------------------|--|
| STREET ADDRESS           |  |
| CITY-ST-ZIP              |  |
| STREET ADDRESS           |  |
| CITY-ST-ZIP              |  |
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| STREET ADDRESS           |  |
| CITY-ST-ZIP              |  |
| STREET ADDRESS           |  |
| CITY-ST-ZIP              |  |

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:**  **John F. Mercurio** *General Partner* **4-7-08** **561-683-1444**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Domicile Place #

STAPLE CHECK HERE