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

SIGNATURE:

## Apr 09, 2004 08:00 AM Secretary of State DOCUMENT # A94000001500 1441 LIMITED PARTNERSHIP Principal Place of Business Mailing Address 1441 NORTH MILITARY TRAIL WET PALM BEACH FL 33409 1441 NORTH MILITARY TRAIL WET PALM BEACH FL 33409 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc Suite, Apt. #. etc. CR2E003 (11/03) City & State City & State 4. FEI Number Applied For 65-0530307 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MERCURIO, JOHN F 1441 NORTH MILITARY TRAIL Street Address (P.O. Box Number is Not Acceptable) WEST PALM BEACH FL 33409 City 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. DATE 9. Capital Contributions 10. Amount of Capital Contributions 11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE \$194,678.00 as Shown on record. in FLORIDA to date. 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 ADDRESS CHANGES ONLY DOCUMENT # STREET ADDRESS NAME MERCURIO, JOHN F STREET ADDRESS 1441 NORTH MILITARY TRAIL CITY - ST - ZIP U00000114965 WEST PALM BEACH FL 33409 City - ST - 21F <del>04/16/04-80005-</del>0<del>09 528.25</del> DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CATY - ST - ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-789 CITY - ST - ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CRY-ST-ZIP CITY-ST-ZIP DOCUMENT **≱** STREET ADDRESS STREET ADDRESS CRTY-ST-ZIP CITY - ST - ZIP DOCUMENT **#** STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CMY-ST-ZIP 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

**FILED** 

4-6-04 561-686-6677