


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

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

DOCUMENT # A94000001500	
1. Entity Name 1441 LIMITED PARTNERSHIP	

Principal Place of Business 1441 NORTH MILITARY TRAIL WET PALM BEACH FL 33409	Mailing Address 1441 NORTH MILITARY TRAIL WET PALM BEACH FL 33409
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. # etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E003 (10/07)

4. FEI Number 65-0530307		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent MERCURIO, JOHN F 1441 NORTH 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	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		13. ADDRESS CHANGES ONLY	
DOCUMENT #		STREET ADDRESS	
NAME	MERCURIO, JOHN F	CITY-ST-ZIP	000000890538
STREET ADDRESS	1441 NORTH MILITARY TRAIL		04/22/08-80100-005 500.00
CITY-ST-ZIP	WEST PALM BEACH FL 33409		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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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 4-7-08 561-683-1444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER	