

FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 DEC 23 PM 4:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Name of Limited Partnership

LAPRES-WALLACE
GROUP, LTD.

1a. DOCUMENT #

A98000002380

Mailing Address

10555 S.E. TERRAPIN PLACE SAME
F-203
TEQUESTA, FL 33469

Principal Office Address

2. Mailing Address

10555 S.E. TERRAPIN PLACE
Suite, Apt. #, etc.
F-203
City & State
TEQUESTA, FL
Zip
33469 Country

2a. Principal Office Address

10555 S.E. TERRAPIN PLACE
Suite, Apt. #, etc.
F-203
City & State
TEQUESTA, FL
Zip
33469 Country

3. Date Formed or Registered

OCTOBER 13, 1998

3a. Date of Last Report

OCTOBER 13, 1998

4. State or Country of Formation

FLORIDA

5a. Capital Contributions as
Shown on record.

\$1,300,000

5b. Amount of Capital
Contributions in FLORIDA
to date:

\$1,300,000

6. FEI Number

65-0874731

☐ Applied For
☐ Not Applicable

7. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent

ROSEMARY L. WALLACE
10555 S.E. TERRAPIN PLACE
F-203
TEQUESTA, FL 33469

10. If changed, new Registered Agent/Office

Name

Street Address (P.O. Box Number Is Not Acceptable)

Suite, Apt. #, etc.

City

FL Zip Code

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

11. Name(s) of General Partner(s)

ROSEMARY L. WALLACE, TRUSTEE
ROSEMARY L. WALLACE Declaration
of TRUST dated 8/6/92

11a. Address of Each General Partner
(Do NOT Use Post Office Box Numbers)

10555 S.E. TERRAPIN
PLACE
F-203

11b. City, State & Zip Code

TEQUESTA, FL 33469

11c. Registration/
Document Number

200002742992--5
-01/15/98-01008-008
****526.25 ****526.25

SIGN
HERE

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE Rosemary L. Wallace

DATE Dec. 19, 1998

Typed or Printed Name of General Partner Signing Form

ROSEMARY L. WALLACE, TRUSTEE

Daytime Telephone Number

(561) 746-1277

CR2E003 (8/98)