

LIMITED PARTNERSHIP

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A98000002380

1. Entity Name

LAPRES-WALLACE GROUP, LTD.

Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0874731

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

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

City

FL

Zip Code

WALLACE, ROSEMARY L
1055 S.E. TERRAPIN PLALCE, F-203
TEQUESTA FL 33469

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions
as Shown on record.

\$1,500,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

\$241,190.00

11. MAKE CHECK PAYABLE TO 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

| | | | |
|----------------|----------------------------------|----------------|-----------------------|
| DOCUMENT # | WALLACE, ROSEMARY L TRUSTEE | STREET ADDRESS | 6000005289746--3 |
| NAME | 10555 S.E. TERRAPIN PLACE, F-203 | CITY-ST-ZIP | -04/17/02--01054--021 |
| STREET ADDRESS | TEQUESTA, FL 33469 | | ***526.25 ***526.25 |
| CITY-ST-ZIP | | | |
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DO NOT WRITE
IN THIS SPACE

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:

[Signature]

4/3/02

FILED

02 APR 11 AM 8:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DUE BY MAY 1

CR2E003B (12/01)