

2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2005

FILED
Feb 19, 2005 08:00 AM
Secretary of State

DOCUMENT # A98000002380

1. Entity Name

LAPRES-WALLACE GROUP, LTD.



Principal Place of Business

10110 HUNT CLUB LANE
PALM BEACH GARDENS FL 33410

Mailing Address

10110 HUNT CLUB LANE
PALM BEACH GARDENS FL 33410

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WALLACE, JOHN R
10110 HUNT CLUB LANE
PALM BEACH GARDENS FL 33410

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

DATE

9. Capital Contributions
as Shown on record.

\$1,500,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. FILE NOW!!! Due by May 1, 2005.
See Block 11 instructions for fee info.

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

STREET ADDRESS

CITY - ST - ZIP

WALLACE, JOHN R
10110 HUNT CLUB LANE
PALM BEACH GARDENS FL 33410

DOCUMENT #

NAME

STREET ADDRESS

CITY - ST - ZIP

GOETZMAN, SUSAN W
12914 CINNAMON PLACE
TAMPA FL 33624

DOCUMENT #

NAME

STREET ADDRESS

CITY - ST - ZIP

WALLACE, STEPHEN G
THE PILOT HOUSE, LEWIS WHARF
BOSTON MA 02110

DOCUMENT #

NAME

STREET ADDRESS

CITY - ST - ZIP

MOSCHELLA, BARBARA W
15012 NATIVE DANCER ROAD
N. PATOMAC MD 20878

DOCUMENT #

NAME

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY - 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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

2/7/05

STAPLE CHECK HERE