



**2006 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2006**

DOCUMENT # A98000002380 1. Entity Name LAPRES-WALLACE GROUP, LTD.	
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 MAR 10 AM 10:49

Principal Place of Business 10110 HUNT CLUB LANE PALM BEACH GARDENS FL 33410	Mailing Address 10110 HUNT CLUB LANE PALM BEACH GARDENS FL 33410
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

	
1st MOORE	CR2E003 (10/05)
4. FEI Number 65-0874731	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent WALLACE, JOHN R 10110 HUNT CLUB LANE PALM BEACH GARDENS FL 33410

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

FILE NOW!!! Fee is \$500. * After May 1, 2006, 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 #	NAME	STREET ADDRESS	
NAME	WALLACE, JOHN R	CITY-ST-ZIP	
STREET ADDRESS	10110 HUNT CLUB LANE		
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410		
DOCUMENT #	NAME	STREET ADDRESS	
NAME	GOETZMAN, SUSAN W	CITY-ST-ZIP	
STREET ADDRESS	12914 CINNAMON PLACE		
CITY-ST-ZIP	TAMPA FL 33624		
DOCUMENT #	NAME	STREET ADDRESS	
NAME	WALLACE, STEPHEN G	CITY-ST-ZIP	
STREET ADDRESS	THE PILOT HOUSE, LEWIS WHARF		
CITY-ST-ZIP	BOSTON MA 02110		
DOCUMENT #	NAME	STREET ADDRESS	
NAME	MOSCHELLA, BARBARA W	CITY-ST-ZIP	
STREET ADDRESS	15012 NATIVE DANCER ROAD		
CITY-ST-ZIP	N. PATOMAC MD 20878		
DOCUMENT #	NAME	STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #	NAME	STREET ADDRESS	
NAME		CITY-ST-ZIP	
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:  **2/14/06**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date Daytime Phone #

STAPLE CHECK HERE