

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
Feb 07, 2007 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



01252007 No Chg-LP

CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

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

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

**DO NOT WRITE
IN THIS SPACE**

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

FILE NOW!!! FEE IS \$500.00
After May 1, 2007, Fee will be \$900.00

U00000626721
02/15/07-80033-005 500.00

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 WALLACE, JOHN R
STREET ADDRESS 10110 HUNT CLUB LANE
CITY-ST-ZIP PALM BEACH GARDENS, FL 33410

DOCUMENT #
NAME GOETZMAN, SUSAN W
STREET ADDRESS 12914 CINNAMON PLACE
CITY-ST-ZIP TAMPA, FL 33624

DOCUMENT #
NAME WALLACE, STEPHEN G
STREET ADDRESS THE PILOT HOUSE, LEWIS WHARF
CITY-ST-ZIP BOSTON, MA 02110

DOCUMENT #
NAME MOSCHELLA, BARBARA W
STREET ADDRESS 15012 NATIVE DANCER ROAD
CITY-ST-ZIP N. PATOMAC, MD 20878

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

1/29/07 561-842-1779

STAPLE CHECK HERE