2008 LIMITED PARTNERSHIP ANNUAL REPORT (AR) DUE BY MAY 1, 2008

DUE BY MAY 1, 2008 FILED Feb 13, 2008 08:00 AM Secretary of State DOCUMENT # A98000002380 LAPRES-WALLACE GROUP, LTD. Principal Place of Business Mailing Address 10110 HUNT CLUB LANE PALM BEACH GARDENS FL 33410 10110 HUNT CLUB LANE PALM BEACH GARDENS FL 33410 2. Principal Place of Business - No P.O. Bex # 3. Mailing Address Suite, Apt. #, etc. Suite, Apl. #. etc. 1st MOORE CR2E003 (10/07) City & State City & State 4. FEi Number Applied For 65-0874731 Not Applicable Zip Country Z:p Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Namo WALLACE, JOHN R Street Address (P.O. Box Number is Not Acceptable) 10110 HUNT CLUB LANE PALM BEACH GARDENS FL 33410 City Zio 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, typed or printed name of registered agent and it eld applicable CATE FILE NOW!!! Fee is \$500. *** After May 1, 2008, 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. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 12. 13. DOCUMENT # STREET ADDRESS WALLACE, JOHN R STREET ADDRESS 10110 HUNT CLUB LANE CITY-ST-ZIP OffY-ST-ZIP PALM BEACH GARDENS FL 33410 DOCUMENT # U000000827066 STREET ADDRESS NAME GOETZMAN, SUSAN W STREET ADDRESS 12914 CINNAMON PLACE CITY-ST-ZIP CITY-ST-ZIP **TAMPA FL 33624** DOCUMENT # STREET ADDRESS NAME: WALLACE, STEPHEN G STREET ADDRESS THE PILOT HOUSE, LEWIS WHARF CITY-ST-ZIP CITY-ST-ZIP **BOSTON MA 02110** DOCUMENT # STREET ADDRESS NAME MOSCHELLA, BARBARA W STREET ADDRESS 15012 NATIVE DANCER ROAD CITY-ST-ZIP CHY-S1-ZF N. PATOMAC MD 20878 DOCUMENT 3 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY - ST - 719 DOCUMENT # STREET ADDRESS MAME STREET ADDRESS

14. Thereby 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 path; 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.

CITY-ST-7IP

SIGNATURE:

CITY-ST-ZIP

STAPLE CHECK HERE

IATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2/5/08

561 - 308 - 6334

Davtinie Phone #