

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0001327 AT

DOCUMENT # A98000002380

1. Entity Name
LAPRES-WALLACE GROUP, LTD.



FILED

2003 AUG -8 PM 4:12

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

~~IN-OF-CORPORATIONS~~



2. Principal Place of Business
110 Mangrove Bay Way

3. Mailing Address
110 Mangrove Bay Way

Suite, Apt. #, etc.
Apt- 1202

Suite, Apt. #, etc.
Apt- 1202

City & State
Jupiter, FL

City & State
Jupiter, FL

Zip
33477

Country
USA

Zip
33477

Country
USA

DUE BY SEPTEMBER 24, 2003

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

7. Name and Address of New Registered Agent

Name Rosemary L. Wallace
Street Address (P.O. Box Number is Not Acceptable)
110 Mangrove Bayway Apt- 1202
City Jupiter FL Zip Code 33477

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 \$1,500,000.00
as Shown on record.

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. 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

13. ADDRESS CHANGES ONLY

DOCUMENT #
NAME WALLACE, ROSEMARY L TRUSTEE
STREET ADDRESS 10555 S.E. TERRAPIN PLACE, F-203
CITY-ST-ZIP TEQUESTA FL 33469

STREET ADDRESS
CITY-ST-ZIP

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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: _____

ROSEMARY L. WALLACE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

11/10/03

Date

Daytime Phone #

CR2E003 (4/03)

STAPLE CHECK HERE