FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND $500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT **1997**

FLORIDA DEPARTMENT OF STATE
Sandra Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 DEC 31 PM 2:10

1. Name of Limited Partnership

THE RAGGEDYS, LTD.

1a. DOCUMENT # **A96000000709**

Mailing Address	Principal Office Address
~~1765 RIVERBIRCH HOLLOW~~	~~1765 RIVERBIRCH HOLLOW~~
~~TALLAHASSEE FL 32308~~	~~TALLAHASSEE FL 32308~~

3. Date Formed or Registered: 04/08/1996

3a. Date of Last Report:

4. State or Country of Formation: FL

5a. Capital Contributions as Shown on record: $500,000.00

5b. Amount of Capital Contributions in FLORIDA to date: $500,000.00

2. Mailing Address	**2a.** Principal Office Address
2456 ARVAH BRANCH BLVD.	2456 ARVAH BRANCH BLVD.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: TALLAHASSEE, FL.	City & State: TALLAHASSEE, FL.
Zip: 32308 Country: LEON	Zip: 32308 Country: LEON

6. FEI Number ☑ Applied For ☐ Not Applicable

7. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent	**10.** If changed, new Registered Agent/Office
MURPHY, WILL	Name: MURPHY, WILL
~~1765 RIVERBIRCH HOLLOW~~	Street Address (P.O. Box Number Is Not Acceptable): 2456 ARVAH BRANCH BLVD.
~~TALLAHASSEE FL 32308~~	Suite, Apt. #, etc
	City: TALLAHASSEE FL Zip Code: 32308

10a. Pursuant to the provisions of sections 620.1051 and 620.192 Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) _____ DATE _____

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

11. Name(s) of General Partner(s)	**11a.** Address of Each General Partner (Do NOT Use Post Office Box Numbers)	**11b.** City, State & Zip Code	**11c.** Registration/ Document Number
GRUELLE, RUTH	~~800 SKYLARK~~ 47 WALKERS RIDGE DR.	~~WAYNESVILLE NC 28786~~ PONTE VEDRA BCH, FL 32082	
WM SERVICES, INC.	~~1765 RIVERBIRCH HOLLO~~ 2456 ARVAH BRANCH BLVD.	~~TALLAHASSEE FL 32308~~ TALLAHASSEE, FL. 32082	P96000027063
	PLEASE, NOTE ADDRESS CHANGE	300002053373--D -97--01111--018 ****585.00 ****585.00	

KWM/cws

CR2E003 (6/96)

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath; I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE Will Murphy WM Services Inc. DATE 12-27-96

Typed or Printed Name of General Partner Signing Form WILL MURPHY/WM SERVICES INC. Daytime Telephone Number (904) 671-2410

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