

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
06 MAR 17 AM 10:46

DOCUMENT # A03000001385 1. Entity Name RON WEDEKIND SEMINARS LTD					
Principal Place of Business 90 GLASS COURT PORT ORANGE, FL 32129 US			Mailing Address 90 GLASS COURT PORT ORANGE, FL 32129 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3652384	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
WEDEKIND, RONALD E 90 GLASS COURT PORT ORANGE, FL 32129				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE March 09, 2006 ✓	
FILE NOW!!! FEE IS \$500.00 After May 1, 2006, Fee will be \$900.00					
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				13. ADDRESS CHANGES ONLY	
DOCUMENT #	NAME			STREET ADDRESS	
NAME	WEDEKIND, RONALD E			CITY - ST - ZIP	
STREET ADDRESS	90 GLASS COURT				
CITY - ST - ZIP	PORT ORANGE, FL 32129				
DOCUMENT #	NAME			STREET ADDRESS	
NAME	WEDEKIND, WANDA L			CITY - ST - ZIP	
STREET ADDRESS	90 GLASS COURT				
CITY - ST - ZIP	PORT ORANGE, FL 32129				
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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 220, Florida Statutes					
SIGNATURE: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>				DATE 03/09/06 <small>Date Daytime Phone</small>	

STAPLE CHECK HERE