

**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 Morham**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

97 FEB -7 AM 8:44



**1.** Name of Limited Partnership

**1a. DOCUMENT #**  
**A95000001570**

**RUTH S. WEDGWORTH EDUCATION PARTNERSHIP, LTD.**

Mailing Address P.O. BOX 2076 BELLE GLADE FL 33430	Principal Office Address 651 NW 9TH STREET BELLE GLADE FL 33430	<b>3.</b> Date Formed or Registered 10/18/1995	<b>5a.</b> Capital Contributions as Shown on record. <b>\$270,000.00</b>
		<b>3a.</b> Date of Last Report 01/31/1996	<b>5b.</b> Amount of Capital Contributions in FLORIDA to date. <b>\$392,779.00</b>
<b>2.</b> Mailing Address	<b>2a.</b> Principal Office Address	<b>4.</b> State or Country of Formation FL	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	<b>6.</b> FEI Number 65-0611081	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
City & State	City & State	<b>7.</b> Certificate of Status Desired	<input type="checkbox"/> <b>\$8.75</b> Additional Fee Required
Zip	Country	<b>8.</b> Make check payable to: Dept. of State (See reverse side for fee information)	

<b>9. Name and Address of Current Registered Agent</b> MCCRACKEN, JOHN B 505 S. FLAGLER DR., SUITE 1100 WEST PALM BEACH FL 33402	<b>10. If changed, new Registered Agent/Office</b> Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code
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**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.**

<b>11.</b> Name(s) of General Partner(s)	<b>11a.</b> Address of Each General Partner (Do NOT Use Post Office Box Numbers)	<b>11b.</b> City, State & Zip Code	<b>11c.</b> Registration/ Document Number
BOYNTON, HELEN JEAN	3410 N. FLAGLER DRIVE	WEST PALM BEACH FL 33	300002081995--4 -02/10/97--0101--001 ***576.25 ***576.25
OETZMAN, BARBARA WEDGWO	1071 FAIRVIEW LANE	RIVIERA BEACH FL 3340	
WEDGWORTH, GEORGE H	2123 E. CANAL ST. S.	BELLE GLADE FL 33430	
	<i>Dec 576.25</i>		

**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 *George H. Wedgworth* DATE 11 Dec. 96

Typed or Printed Name of General Partner Signing Form GEORGE H. WEDGWORTH Daytime Telephone Number 561-996-2076

CR2E003 (6/96)