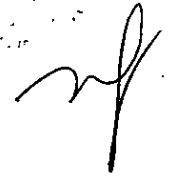


2001 UNIFORM BUSINESS REPORT (UBR)

0008994 AF

DOCUMENT # A95000001570
 1. Entity Name
RUTH S. WEDGWORTH EDUCATION PARTNERSHIP, LTD.

FILED
 01 FEB 27 AM 10:38
 SECRETARY OF STATE
 TALLAHASSEE FLORIDA



Principal Place of Business: **651 NW 9TH STREET, BELLE GLADE FL 33430**
 Mailing Address: **P.O. BOX 2076, BELLE GLADE FL 33430**

2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.
 City & State: _____
 Zip: _____ Country: _____

4. FEI Number: **65-0611081**
 Applied For: Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
MCCRACKEN, JOHN B
505 S. FLAGLER DR., SUITE 1100
WEST PALM BEACH FL 33402

7. Name and Address of New Registered Agent
 Name: _____
 Street Address (P.O. Box Number is Not Acceptable): _____
 City: _____ **FL** Zip 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.
 SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

9. Capital Contributions as Shown on record: **\$792,779.00**
 10. Amount of Capital Contributions in FLORIDA to date: _____
 11. MAKE CHECK PAYABLE TO 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 #	BOYNTON, HELEN JEAN	STREET ADDRESS	
NAME	3410 N. FLAGLER DRIVE	CITY-ST-ZIP	
STREET ADDRESS	WEST PALM BEACH FL 33430		
CITY-ST-ZIP			
DOCUMENT #	OETZMAN, BARBARA WEDGWO	STREET ADDRESS	500003783715--5
NAME	1071 FAIRVIEW LANE	CITY-ST-ZIP	-02/27/01-01135-007
STREET ADDRESS	RIVIERA BEACH FL 33404		****526.25 ****526.25
CITY-ST-ZIP			
DOCUMENT #	WEDGWORTH, GEORGE H	STREET ADDRESS	
NAME	2123 E. CANAL ST. S.	CITY-ST-ZIP	
STREET ADDRESS	BELLE GLADE FL 33430		
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
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 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: *[Signature]* **SIGNATURE REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER
 Date: **02-22-01** Daytime Phone #: **561-962-2076**

CR2E003 (11/00)