


**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

**FILED**  
**Mar 04, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # A95000001570**

1. Entity Name  
**RUTH S. WEDGWORTH EDUCATION PARTNERSHIP, LTD.**



Principal Place of Business 651 NW 9TH STREET BELLE GLADE, FL 33430	Mailing Address P.O. BOX 2076 BELLE GLADE, FL 33430
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country



02102004 Chg-LP CR2E003 (10/03)

4. FEI Number 65-0611081	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

9. Capital Contributions as Shown on record. <b>\$792,779.00</b>	10. Amount of Capital Contributions in FLORIDA to date.
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**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	
DOCUMENT #	BOYNTON, HELEN JEAN
NAME	3410 N. FLAGLER DRIVE
STREET ADDRESS	WEST PALM BEACH, FL 33430
CITY - ST - ZIP	
DOCUMENT #	OETZMAN, BARBARA WEDGWO
NAME	1071 FAIRVIEW LANE
STREET ADDRESS	RIVIERA BEACH, FL 33404
CITY - ST - ZIP	
DOCUMENT #	WEDGWORTH, GEORGE H
NAME	2123 E. CANAL ST. S.
STREET ADDRESS	BELLE GLADE, FL 33430
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	000000087313
CITY - ST - ZIP	03/15/04-80006-009 526.25
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	

STAPLE CHECK HERE

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: George H. Wedgworth 03-26-2004 561-996-2076  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #