

**2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005**


FILED

2005 APR 12 AM 9: 32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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03282005 Chg-LP CR2E003 (10/03)

4. FEI Number 65-0611081	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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 JOSEPH D. MILLER, JR.
Street Address (P.O. Box Number is Not Acceptable)
651 N.W. 9TH STREET
City BELLE GLADE FL 33430

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 Joseph D Miller Jr DATE 4-8-05

9. Capital Contributions as Shown on record. \$792,779.00	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		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 WEDGWORTH	STREET ADDRESS	
NAME	1071 FAIRVIEW LANE	CITY-ST-ZIP	
STREET ADDRESS	RIVIERA BEACH, FL 33404		
CITY-ST-ZIP			
DOCUMENT #	WEDGWORTH, GEORGE H	STREET ADDRESS	200054034882
NAME	2123 E. CANAL ST. S.	CITY-ST-ZIP	05/09/05--01009--003 **526.25
STREET ADDRESS	BELLE GLADE, FL 33430		
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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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: George H. Wedgworth DATE 4/8/05 DAYTIME PHONE # 561.996.4701

STAPLE CHECK HERE