



**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2008**

**FILED**  
**Apr 28, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A95000001570</b>	
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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**DO NOT WRITE IN THIS SPACE**



01222008 No Chg-LP      CR2E003 (12/06)

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

6. Name and Address of Current Registered Agent

MILLER, JOSEPH D JR  
651 NW 9TH STREET  
BELLE GLADE, FL 33430

**DO NOT WRITE IN THIS SPACE**

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.

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2008, 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	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	BOYNTON, HELEN JEAN 3410 N. FLAGLER DRIVE WEST PALM BEACH, FL 33430
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	OETZMAN, BARBARA WEDGW 1071 FAIRVIEW LANE RIVIERA BEACH, FL 33404
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	WEDGWORTH, GEORGE H 2123 E. CANAL ST. S. BELLE GLADE, FL 33430
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	
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U00000930955  
05/21/08-80129-021 500.00

**DO NOT WRITE IN THIS SPACE**

STAPLE CHECK HERE

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 620, Florida Statutes

**SIGNATURE:** George H. Wedgworth      4-28-08  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER      Date      Daytime Phone #