

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

APPROVED  
AND  
FILED

04 APR -9 PM 4:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # A97000000486**

1. Entity Name  
**THE TRIPLITT FAMILY LIMITED PARTNERSHIP**



Principal Place of Business  
**C/O WEDGWORTH FARMS, INC.**  
**651 N.W. 9TH STREET**  
**BELLE GLADE, FL 33430**

Mailing Address  
**% WEDGWORTH FARMS, INC.**  
**PO BOX 2076**  
**BELLE GLADE, FL 33430**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02102004 Chg-LP CR2E003 (10/03)

City & State

City & State

4. FEI Number  
**65-0808961**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WEDGWORTH FARMS, INC.**  
**651 N.W. 9TH STREET**  
**BELLE GLADE, FL 33430**

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

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions as Shown on record. **\$1,628,630.00**

10. Amount of Capital Contributions in FLORIDA to date.

**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 #

NAME **TRIPLITT, DIANE W**

STREET ADDRESS **~~2042 WINGFIELD DRIVE~~**

CITY - ST - ZIP **~~COLUMBUS, GA 31906~~**

STREET ADDRESS

**11 FOREST LANE**

CITY - ST - ZIP

**GREENVILLE, SC 29605**

DOCUMENT #

NAME

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

**200033214762**

DOCUMENT #

NAME

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

**04/20/04--01070--030 \*\*526.25**

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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:**

*Diane W. Triplitt*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**4/8/04**

Date

**(864) 250-1219**

Daytime Phone #

STAPLE CHECK HERE