

2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
Apr 26, 2005 08:00 AM
Secretary of State

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.

03282005 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 type 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 11 FOREST LANE
 CITY-ST-ZIP GREENVILLE, SC 29605

STREET ADDRESS

CITY-ST-ZIP

000000331158
 04/26/05-80003-022 526.25

DOCUMENT #
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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)(f), 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

4/11/05

(864) 363-6106

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE