

**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

**FILED**  
**Apr 17, 2006 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**



02032006 No Chg-LP

CR2E003 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0808961**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**WEDGWORTH FARMS, INC.  
651 N.W. 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 \_\_\_\_\_

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

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2006, 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  
**TRIPLITT, DIANE W  
11 FOREST LANE  
GREENVILLE, SC 29605**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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U00000514628  
04/29/06-80181-003 500.00

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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: Diane W. Triplitt **DIANE W. TRIPLITT** 4/15/06 864 250-1219  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #