


2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
Apr 13, 2007 08:00 AM
Secretary of State

DOCUMENT #A97000000486 1. Entity Name THE TRIPLITT FAMILY LIMITED PARTNERSHIP	
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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
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DO NOT WRITE IN THIS SPACE



04032007 No Chg-LP CR2E003 (12/06)

4. FEI Number 65-0808961	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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
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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, 2007, 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	TRIPLITT, DIANE W
STREET ADDRESS	11 FOREST LANE
CITY- ST- ZIP	GREENVILLE, SC 29605
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
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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* **4-9-07** **864 250 1219**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #