

# **2011 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A97000000486

**FILED**  
**Feb 15, 2011**  
**Secretary of State**

**Entity Name:** THE TRIPLITT FAMILY LIMITED PARTNERSHIP

**Current Principal Place of Business:**

C/O WEDGWORTH FARMS, INC.  
651 N.W. 9TH STREET  
BELLE GLADE, FL 33430

**New Principal Place of Business:**

C/O WEDGWORTH FARMS, INC.  
651 N.W. 9TH STREET  
BELLE GLADE, FL 33430 US

**Current Mailing Address:**

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

**New Mailing Address:**

% WEDGWORTH FARMS, INC.  
PO BOX 2076  
BELLE GLADE, FL 33430 US

**FEI Number:** 65-0808961

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**GENERAL PARTNER INFORMATION:**

Document #:

Name: TRIPLITT, DIANE W  
Address: 26 THORNBRIAR CT  
City-St-Zip: TRAVELERS REST, SC 29691

**ADDRESS CHANGES ONLY:**

Address:  
City-St-Zip: TRAVELERS REST, SC 29690 US

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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

\_\_\_\_\_  
Electronic Signature of Signing General Partner

02/15/2011

\_\_\_\_\_  
Date