2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

FILED Jan 18, 2007 08:00 AM **Secretary of State**

	DOCL	JMENT	# A	.9800	0001	1615
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1. Entity Name WHITWORTH FARMS, LTD.



Principal Place of Business

11050 STATE ROAD 7 BOYNTON BEACH, FL 33487 Mailing Address

11050 STATE ROAD 7 BOYNTON BEACH, FL 33487



DO NOT WRITE IN THIS SPACE

01162007 No Chg-LP

CR2E003 (12/06)

4. FEI Number 65-0862385 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LEE, CATHY W 11050 STATE ROAD 7 BOYNTON BEACH, FL 33487

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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	
Signature, typed or printed name of registered agent and tale if applicable,	DATE

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. e form; an amendment must be filed to change a general partner.

		NOTE: General Partners MAT NOT be changed on the				
	12.	GENERAL PARTNER INFORMATION				
	DOCUMENT /	P98000058240				
1	NAME	WHITWORTH PROPERTIES MANAGEMENT, INC.				
	STREET ADDRESS	11050 STATE ROAD 7				
1	CITY-ST-ZIP	BOYNTON BEACH, FL 33487				
	DOCUMENT #					
	NAME					
	STREET ADDRESS					
-	CITY-ST-ZIP					
	DOCUMENT /					
	NAME					
	STREET ADDRESS					

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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:

CITY-ST-ZIP

DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT A NAME STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

CATHY W. LEE

1-561-734-5270