

**FILE ON OR BEFORE APRIL 9, 1997 TO AVOID REVOCATION
AND \$500 PENALTY FEE**

FILED

97 APR 24 AM 11:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



LIMITED PARTNERSHIP
ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra Mortham
Secretary of State
DIVISION OF CORPORATIONS



1. Name of Limited Partnership
TELECOMMUNICATION PARTNERS, LTD. 1987-1

1a. DOCUMENT #
A24635

2. Mailing Address C/O HAROLD H. KATZ 19488 SEDGEFIELD TERRACE BOCA RATON FL 33498	2a. Principal Office Address C/O HAROLD H. KATZ 19488 SEDGEFIELD TERRACE BOCA RATON FL 33498
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

3. Date Formed or Registered 06/04/1987	5a. Capital Contributions as Shown on record. \$900,000.00
3a. Date of Last Report 11/13/1995	5b. Amount of Capital Contributions in FLORIDA to date: 900,000.00
4. State or Country of Formation FL	6. FEI Number 65-0008055 <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent

**WILLIAMS, REUBEN S IV
% PATTILLO & MCKEEVER, P.A.
2100 S.E. 17TH STREET, SUITE 300
OCALA FL 32678**

10. If changed, new Registered Agent/Office

Name _____
Street Address (P.O. Box Number is Not Acceptable) _____
City _____ State _____ Zip Code _____

REINSTATEMENT 97

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) _____

3000021556487
-04/25/97-01099-013
DATE ***1041.25 ***1041.25

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

11. Name(s) of General Partner(s)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/Document Number
BRACE, RICHARD D	19488 SEDGEFIELD TERR	BOCA RATON FL	
KATZ, HAROLD H	19488 SEDGEFIELD TERR	BOCA RATON FL	
WOODS, TONY R	19488 SEDGEFIELD TERR	BOCA RATON FL	
ELLIS, ALTON LYNN JR.	19488 SEDGEFIELD TERR	BOCA RATON FL	
LETSCHERT, NICO	19488 SEDGEFIELD TERR	BOCA RATON FL	
INGRAM, DONALD E	19488 SEDGEFIELD TERR	BOCA RATON FL	

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE _____ DATE **2-19-97**

Typed or Printed Name of General Partner Signing Form **HAROLD H. KATZ** Daytime Telephone Number **561-482-6630**

CR2E003 (11/96)