

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

A99000001985



LIMITED PARTNERSHIP REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 DEC 29 PM 3:43

LR 1/6/04

DOCUMENT # A99000001985

1. Name of Limited Partnership
WPOI OF SAN FRANCISCO WIRELESS
REINSTATEMENT 2003 PARTNERS, LLP.

2. Principal Office Address
11000 Prosperity Farms Rd
Palm Beach Gardens, FL 33410

3. Mailing Office Address
11000 Prosperity Farms Road

Suite, Apt. #, etc.
Suite 201

Suite, Apt. #, etc.
Suite 201

City & State
Palm Beach Gardens, FL

City & State
Palm Beach Gardens, FL

Zip
33410

Country
USA

Zip
33410

Country
USA

4. Date Formed or Registered
To Do Business in Florida

5. FEI Number
65-0964482
Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7a. Capital Contributions as shown on Record:
\$1,000.00

7b. Amount of Capital Contributions in FLORIDA to date:
\$1,000.00

8. Name and Address of Current Registered Agent

Name
Spiegel + Utrera, P. A.

Street Address (P.O. Box Number is Not Acceptable)
343 Almeria Avenue

Suite, Apt. #, Etc.

City
Coral Gables

State
FL

Zip Code
33134

FEES:
1.) Filing Fee(s): Computed at a rate of \$7 per \$1,000 on amount entered in 7b, with a minimum filing fee of \$52.50 and a maximum of \$437.50, for each year due this office.
2.) Supplemental Fee(s): \$88.75 for each year due this office, beginning with 1992 calendar year.
3.) Penalty Fee(s): \$500 penalty fee for each year report form is due.
Note: If the amount entered in 7b is greater than amount entered in 7a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.

9. 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) _____ DATE _____

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

10. Name(s) of General Partner(s)	Address of Each General Partner (Do NOT Use Post Office Box Numbers)	City, State and Zip Code	10a. Registration Document Number
Chen, Shirley P.	3412 Hackney Court Raleigh, NC 27613		
Chin, Achson	1 Honey Court Metuchen, NJ 08840		200025786052 12/29/03--01009--013 **641.25
Donn, George W	946 Rodney Drive San Leandro, CA 94577		

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

11. 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)(i), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) 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 Achson chin DATE 12/15/2003

Typed or Printed Name of General Partner Signing Form Achson Chin Telephone Number (212) 657-7184

REINSTATEMENT 2003

CR20039 (9/03)