


**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

<b>DOCUMENT # A00000001128</b> 1. Entity Name <b>SELECT COMMUNICATIONS LIMITED PARTNERSHIP</b>	
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Principal Place of Business <b>100 S. BISCAYNE BLVD., SUITE 1100 MIAMI, FL 33131</b>	Mailing Address <b>100 S. BISCAYNE BLVD., SUITE 1100 MIAMI, FL 33131</b>
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<b>DO NOT WRITE IN THIS SPACE</b>
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<b>6. Name and Address of Current Registered Agent</b>  <b>HOLLO, JEROME 100 S. BISCAYNE BLVD., SUITE 1100 MIAMI, FL 33131</b>
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<b>DO NOT WRITE IN THIS SPACE</b>
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<b>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.</b>  SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>
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<b>FILE NOW!!! FEE IS \$500.00 After May 1, 2006, Fee will be \$900.00</b>	
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<b>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.</b>
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<b>12. GENERAL PARTNER INFORMATION</b>	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	<b>P99000037002 TELEGATE, INC. 100 S. BISCAYNE BLVD., SUITE 1100 MIAMI, FL 33131</b>
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<b>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</b>
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<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>	<b>4/18/06.</b> <small>Date</small>	<small>Daytime Phone #</small>
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**FILED**

**06 MAY -11 PM 1:43**

**SECRETARY OF STATE  
TALLAHASSEE-FLORIDA**



02152006 No Chg-LP CR2E003 (11/05)

4. FEI Number <b>65-1037050</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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STAPLE CHECK HERE