


**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2004**

**FILED**  
**Apr 28, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A00000001128</b>	
<b>1. Entity Name</b> SELECT COMMUNICATIONS LIMITED PARTNERSHIP	

<b>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>2. Principal Place of Business</b>		<b>3. Mailing Address</b>	
Suite, Apt. #, etc		Suite, Apt. #, etc	
City & State		City & State	
Zip	Country	Zip	Country



MOORE CR2E003 (11/03)

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

<b>6. Name and Address of Current Registered Agent</b>  HOLLO, JEROME 100 S. BISCAYNE BLVD., SUITE 1100 MIAMI FL 33131	<b>7. Name and Address of New Registered Agent</b>  Name Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> Zip Code
--	---

**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** \_\_\_\_\_ **DATE** \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

<b>9. Capital Contributions</b> as Shown on record. <b>\$1,000.00</b>	<b>10. Amount of Capital Contributions</b> in FLORIDA to date.	<b>11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE</b> <b>SEE REVERSE SIDE FOR FEE INFORMATION</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>12. GENERAL PARTNER INFORMATION</b>		<b>13. ADDRESS CHANGES ONLY</b>	
<b>DOCUMENT #</b> NAME STREET ADDRESS CITY - ST - ZIP	P99000037002 TELEGATE, INC. 100 S. BISCAYNE BLVD., SUITE 1100 MIAMI FL 33131	<b>STREET ADDRESS</b>  <b>CITY - ST - ZIP</b>	
<b>DOCUMENT #</b> NAME STREET ADDRESS CITY - ST - ZIP		<b>STREET ADDRESS</b>  <b>CITY - ST - ZIP</b>	U000000156862 05/06/04-80006-020 141.25
<b>DOCUMENT #</b> NAME STREET ADDRESS CITY - ST - ZIP		<b>STREET ADDRESS</b>  <b>CITY - ST - ZIP</b>	
<b>DOCUMENT #</b> NAME STREET ADDRESS CITY - ST - ZIP		<b>STREET ADDRESS</b>  <b>CITY - ST - ZIP</b>	
<b>DOCUMENT #</b> NAME STREET ADDRESS CITY - ST - ZIP		<b>STREET ADDRESS</b>  <b>CITY - ST - ZIP</b>	
<b>DOCUMENT #</b> NAME STREET ADDRESS CITY - ST - ZIP		<b>STREET ADDRESS</b>  <b>CITY - ST - ZIP</b>	

STAPLE CHECK HERE

**14.** I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:**   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER  
Date Daytime Phone #