

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


**FILED**

06 MAY -11 PM 1:48

SECRETARY OF STATE  
 TALLAHASSEE FLORIDA

**DOCUMENT # A0000001128**

1. Entity Name  
 SELECT COMMUNICATIONS LIMITED PARTNERSHIP



Principal Place of Business      Mailing Address

100 S. BISCAYNE BLVD., SUITE 1100      100 S. BISCAYNE BLVD., SUITE 1100  
 MIAMI, FL 33131      MIAMI, FL 33131

**DO NOT WRITE IN THIS SPACE**



02152006 No Chg-LP      CR2E003 (11/05)

4. FEI Number      Applied For  
 65-1037050      Not Applicable

5. Certificate of Status Desired       \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HOLLO, JEROME  
 100 S. BISCAYNE BLVD., SUITE 1100  
 MIAMI, FL 33131

**DO NOT WRITE IN THIS SPACE**

8. The above named entry 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.

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2006, Fee will be \$900.00**

**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.**

12. GENERAL PARTNER INFORMATION

DOCUMENT #	P99000037002
NAME	TELEGATE, INC.
STREET ADDRESS	100 S. BISCAYNE BLVD., SUITE 1100
CITY - ST - ZIP	MIAMI, FL 33131
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

600074699626  
 05/17/06--01005--022 \*\*500.00

**DO NOT WRITE IN THIS SPACE**

STAPLE CHECK HERE

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: J. A. Holl      Date: 4/18/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER      Daytime Phone #