

**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2007**

**FILED**

2007 MAR 19 AM 9:27

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



01162007 No Chg-LP CR2E003 (12/06)

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

DOCUMENT # A0000001128  
 1. Entity Name  
 SELECT COMMUNICATIONS LIMITED PARTNERSHIP



Principal Place of Business  
 100 S. BISCAYNE BLVD., SUITE 400 900  
 MIAMI, FL 33131

Mailing Address  
 100 S. BISCAYNE BLVD., SUITE 400 900  
 MIAMI, FL 33131

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

HOLLO, JEROME  
 100 S. BISCAYNE BLVD., SUITE 400 900  
 MIAMI, FL 33131

**DO NOT WRITE IN THIS SPACE**

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.

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2007, 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 # NAME STREET ADDRESS CITY-ST-ZIP	P99000037002 TELEGATE, INC. 100 S. BISCAYNE BLVD., SUITE 400 900 MIAMI, FL 33131
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800095160168  
 03/28/07--01033--010 \*\*500.00

**DO NOT WRITE IN THIS SPACE**

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: Leonard Katz \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

STAPLE CHECK HERE

082-6310