

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 APR 25 AM 10:44

DOCUMENT # A00000001128

1. Entity Name
SELECT COMMUNICATIONS LIMITED PARTNERSHIP



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

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

DO NOT WRITE IN THIS SPACE



02192008 No Chg-LP

CR2E003 (12/06)

4. FEI Number
65-1037050

Applied For
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 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

Signature, typed or printed name of registered agent and title if applicable

DATE

**FILE NOW!!! FEE IS \$500.00
After May 1, 2008, 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 900**
CITY - ST - ZIP **MIAMI, FL 33131**

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500125284645
04/23/08--01005--015 **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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE