## 2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)

STAPLE

SIGNATURE:

## Mar 18, 2005 08:00 AM Secretary of State DOCUMENT # A0000001562 1. Entity Name HOUSTON WIRELESS PARTNERS, LTD., LLLP Mailing Address Principal Place of Business 11000 PROSPERITY FARMS RD., STE. 204 PALM BEACH GARDENS FL 33410 11000 PROSPERITY FARMS RD., STE. 204 PALM BEACH GARDENS FL 33410 2. Principal Place of Business 3. Mailing Address Suite, Apt #, etc Suite, Apt. #, etc 1ST MOORE CR2E003 (10/04) Applied For City & State City & State 4. FEI Number 65-1071066 Not Applicable ZIP Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENUE CORAL GABLES FL 33134 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. 11. FILE NOW!!! Due by May 1, 2005. Signature, typed or profed name of registered agent and little if applicable See Block 11 instructions for fee info. DATE Amount of Capital Contributions in FLORIDA to date. 9. Capital Contributions \$1,000.00 as Shown on record 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. GENERAL PARTNER INFORMATION 12. ADDRESS CHANGES ONLY DOCUMENT # STREET ADDRESS DOMM, GEORGE W NAME STREET ADDRESS 946 RODNEY DR. CITY-ST-ZIP CITY-ST-ZIP SAN LEANDRO CA 94577 DOCUMENT A STREET ADDRESS NAME CHEN, SHIRLEY STREET ADDRESS 3412 HACKNEY CT. CITY-ST-ZIP RALEIGH NC 27613 OCUMEN? # CIREET ADDRESC NAME ERVIN, JERRY STREET ADDRESS 9733 S. DELAWARE CT. CHY-ST. 71P CITY-SI ZIP **TULSA OK 74137** DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP CITY-ST-DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY ST-ZIP

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 the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

HINTED NAME OF SIGNING GENERAL PARTNER

George W. Domm

FILED

2005