2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

SECRETARY OF STATE DOCUMENT # A0000001562 1. Entity Name DIVISION OF CORPORATIONS HOUSTON WIRELESS PARTNERS, LTD., LLLP 03 AUG 13 PM 12: 28 Principal Place of Business Mailing Address 11000 PROSPERITY FARMS RD., STE. 204 11000 PROSPERITY FARMS RD., STE. 204 PALM BEACH GARDENS FL 33410 PALM BEACH GARDENS FL 33410 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DUE BY SEPTEMBER 24, 2003 City & State City & State 4. FEI Number 65-1071066 Applied For Not Applicable Zip Country Country Zio \$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 SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENUE CORAL GABLES FL 33134 City 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 Signature, typed or printed name of registered agent and title if applicable. DATE 11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE 9. Capital Contributions 10. Amount of Capital Contributions \$1,000.00 in FLORIDA to date. SEE REVERSE SIDE FOR FEE INFORMATION 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 ADDRESS CHANGES ONLY 12. 13. DOCUMENT # STREET ADDRESS DOMM, GEORGE W NAME 946 RODNEY DR. STREET ADDRESS CITY-ST-ZIP SAN LEANDRO CA 94577 CITY-ST-ZIP DOCUMENT # STREET ADDRESS CHEN, SHIRLEY NAME 3412 HACKNEY CT. STREET ADDRESS CITY-ST-ZIP RALEIGH NC 27613 CITY-ST-ZIP DOCUMENT # STREET ADDRESS ervin, Jerry NAME 9733 S. DELAWARE CT. STREET ADDRESS CITY-ST-7IP TULSA OK 74137 600013733846 CITY-ST-7IP 10/03 01077 006 \$150,00 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE

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

City-St-ZIP

STREET ADDRESS

DOCUMENT #

CITY-ST-ZIP

NAME STREET ADDRESS

SIGNATURE: SIGNATURE SIGNATURE PRINTED NAME OF SIGNING GENERAL PARTNER Date Date Dayline Prone &

CR2E003 (4/03)