FILE ON OR BEFORE APRIL 9, 1997 TO AVOID REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra Mortham

Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

1a. DOCUMENT # **A24635**

TELECOMMUNICATION PARTNERS, LTD. 1987-1

FILED

97 APR 24 AH 11: 23

SECRETARY OF STATE TALLAHASSEE, FLORIDA



					1 = -	
Malling Address C/O HAROLD H. KATZ 19488 SEDGEFIELD TERRACE BOCA RATON FL 33498		Principal Office Address	Principal Office Address C/O HAROLD H. KATZ 19488 SEDGEFIELD TERRACE BOCA RATON FL 33498		58. Capital Contributions as Shown on record.	
					\$900,000.00	
		· · · · · · · · · · · · · · · · · · ·			1	
5 · ·	- 1				5b. Amount of Capital Contributions in FLORIDA	
			4. State or Country of Formation	to date:		
2. Mailing Address		28. Principal Office Address	28. Principal Office Address		900,000,00	
Suite, Apt. #, etc).	Suite, Apt. #, etc.	Suite, Apt. #, etc.		Applied For	
City & State		City & State	City & State		☐ Not Applicable	
					\$8.75 Additional	
Zip	Country Zip		Country	9 Make check payable to: Dent of	Fee Required State (See reverse side for fee information)	
	1/2			6, Make Clieck payable to. Dept. of	State (Geo reverse side for the inscrination)	
9. Name and Address of Current Registered Agent				10. If changed, new Registered Agent/Office		
WILLIAMS, REUBEN S IV			Name			
-	O & MCKEEVER, P.A.		Street Address (P.O. Box Number is Alexandrolle)			
2100 S.E. 17TH STREET, SUITE 300						
OCALA FL 32678			Marie and a private and a second			
			City FL Zip Code			
10a. Pursuant the purpose I am famili	to the provisions of sections 620.10 se of changing its registered office of iar with, and accept the obligations	51 and 620.192, Florida Statutes, the above-nai or registered agent, or both, in the State of Floric of section 620.192, Florida Statutes.	med limited partner la. Such change wa	ship organized or registered under the laws of the as authorized by its general partner(s), I hereby as authorized by its general partner(s), I hereby a second of the control of the cont	ccept the appointment of registered agent.	
SIGNATURE (Registered Agent Accepting Appointment)						
A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.						
11. Name(s	s) of General Fartner(s)	11a. Address of Each Gen-	oral Budane	11b. City, State & Zip Code	11c. Registration/ Document Number	
BRACE, RICHARD D		19488 SEDGEFIELD T		BOCA RATON FL		

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

19488 SEDGEFIELD TERR

12. I do hereby certify that the Information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620. Florida Statutes.

SIGNATURE

KATZ, HAROLD H

WOODS, TONY R

LETSCHERT, NICO

INGRAM, DONALD E

ELLIS, ALTON LYNN JR.

Typed or Printed Name of General Pariner Signing Form House of H. Kurs

DATE 0-19-97

Daytime Telephone Number 56/-483-6630

BOCA RATON FL

CHZE003 (11/96)