FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1997



PANAMA CITY CELLULAR TELEPHONE COMPANY, LTD.

FLORIDA DEPARTMENT OF STATE

Sandra Mortham

Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

A26209

SECRETARY OF STATE DIVISION OF CORPORATIONS

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Mailing Address 12800 UNIVERSITY DRIVE SUITE 500 FORT MYERS FL 33907-5333	Principal Office Address 12900 UNIVERSITY DRIVE SUITE 500 FORT MYERS FL 33907-5333		3. Date Formed or Registered 04/01/1988 3. Date of Last Report	5a. Capital Contributions as Shown on record. \$5,719,596.00	
			12/13/1995	5b. Amount of Capital Contributions in FLORIDA to date:	
2. Mailing Address	2a. Principal Office Address		4. State or Country of Formation	5,719,596.00	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		6. FEI Number 59-2881586	Applied For Not Applicable	
City & State	City & State		7. Certificate of Status Desired	\$8.75 Additional Fee Required	
Zip Country	Zip Count	ry	A. Make check payable to Dept. of	State (See reverse side for fee information)	
			Wake Crieck payable to: Dept. or	\$576.25	
9. Name and Address of Current Registered Agent			10. If changed, new Registered Agent/Office		
MEEHAN, K. PATRICK		e	1 All and seed to the seed of		
12800 UNIVERSITY DRIVE		Street Address (P.O. Box Number is Not Acceptable)			
SUITE 500		Suite, Apt. #, etc.			
FORT MYERS FL 33907		City Zip Code			
		City FL Zip Code			
Pursuant to the provisions of sections 620 1051 and 620 192. Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes. 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) of General Partner(s)	11a. Address of Each General Partne (Do NOT Use Post Office Box Numl	bers) 11b.	City, State & Zip Code	11c. Registration/ Document Number	
PANAMA CITY COMMUNICATIONS	12800 UNIVERSITY DR.	FORT MYERS FL		K10002	
:					
*** **					
			0000020283905 -12/13/9601015025 *****576.25 *****576.25		

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

1. 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 equirate 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 required by chapter 620, Florida Statutes.

SIGNATURE

Typed or Printed Name of General Partner Signing Form

Conclose Companies Form PANAMA CITY COMMUNICATIONS, INC.

ASST. TREAS.

DATE 10/21/96

Daytime Telephone Number 941-433-4350