FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

DOCUMENT#

98 NOV 16 PM 12: 07

	A2/320				
SPRINT COMMUNICATIONS C PARTNERSHIP	OMPANY LIMITED				
Mailing Address	Principal Office Address	Principal Office Address		3. Date Formed or Registered 52. Capital Contributions as Shown on record.	
903 E. 104TH STREET MAILSTOP MORCMW0609 KANSAS CITY MO 64131	2330 SHAWNEE MISSION PKWY. WESTWOOD KS 66205		12/12/1988 3a. Date of Last Report	- \$129,300,000.00	
			12/22/1997 4. State or Country of Formation	5b. Amount of Capital Contributions in FLORIDA to date:	
2. Mailing Address	2a. Principal Office Address	2a. Principal Office Address		26.319,487	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	Sulte, Apt. #, etc.		Applied For	
City & State	City & State	City & State		Not Applicable \$8.75 Additional	
Zip Country	Zip	Country	7. Certificate of Status Desired 8. Make check payable to: Dept. of	Fee Required State (See reverse side for fee information)	
9. Name and Address of Current	t Registered Agent		10. If changed, new Registere	d Agent/Office	
THE PRENTICE HALL CORPORATION SYSTEM, INC. 110 N. MAGNOLIA STREET TALLAHASSEE FL 32301		Name			
		Street Address (P.O. Box Number is Not Acceptable)			
		Suite, Apt. #, etc.			
			FL Zip gold A		
10a. Pursuant to the provisions of sections 620.1051 an for the purpose of changing its registered office or a agent. I am familiar with, and accept the obligation: SIGNATURE (Registered Agent Accepting Appointment)	registered agent, or both, in the State of Florid				
A GENERAL PARTNER THAT	IS A CORPORATION, L T BE REGISTERED AN	IMITED I	PARTNERSHIP OR OTHE E WITH THIS OFFICE.	R BUSINESS ENTITY	
11. Name(s) of General Partner(s)	11a. (Do NOT Use Post Office Bo	Partner x Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number	
US TELECOM, INC.	2330 SHAWNEE MISSION	I	WESTWOOD KS 66205	P09124 88 88 88 88 88 88 88 88 88 88 88 88 88	
			500002 -11/19 *****	6917455 3/8801079009 528.25 ****526.25	
3.*					
i					
Note: General partners MAY NOT	be changed on this form	ı; an ameı	ndment must be filed to ch	ange a general partner.	
12. I do hereby certify that the information supplied with the Corporations from any liability of non-compliance with this annual report is true and accurate and that my sign empowered to execute this report as required by chart.	section 119.07(3)(k) in the event that the infinature shall have the same legal effects as interfects, the first factors, the same legal effects as interfects, the same legal effects as interfects, the same legal effects as interfects, the same legal effects as in the same leg	omnation supplied fmade under oat	d is deemed exempt from public access. I further h. I further certify that I am a General Partner of ماهدر الهر:	r certify that the information Indicated on the limited partnership, receiver or trustee	
SIGNATURE / U/Jul	2 Scheurs)	<u> </u>	DATE	- ID-98	

		Α.	
Typed or Printed Name of General Partner Signing	Form Mount V.	Gestears	
Typed of Filliad Name of General Fallage Gighting	OIII		

Daytime Telephone Number 816-854-7611