

2000 UNIFORM BUSINESS REPORT (UBR)

0011420 AF

DOCUMENT # **A27856**

1. Entity Name

JACKSONVILLE MSA LIMITED PARTNERSHIP

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR 21 AM 3:05

[Signature]



DO NOT WRITE IN THIS SPACE

Principal Place of Business 1100 PEACHTREE STREET SUITE 1000 ATLANTA GA 30309	Mailing Address 1100 PEACHTREE STREET SUITE 910 ATLANTA GA 30309-4501
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 58-1616450	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. \$48,000,000.00	10. Amount of Capital Contributions in FLORIDA to date. 15,578,622	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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**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.**

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	P00075 FLORIDA CELLULAR SERVICE 1100 PEACHTREE ST., STE. 1000 ATLANTA GA 30309	STREET ADDRESS CITY - ST - ZIP	300003247089--1 -05/10/00--01094--021 ***1578.75 ***526.25
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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

SIGNATURE: *[Signature]* **ELIZABETH A. MULLIS** **ASSISTANT SEC OF CP** **4/18/00 404-249-0934**
Date Daytime Phone #

CR2E003 (9/99)