

A 27856

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

01 AUG 17 AM 8:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **A27856**

1. Entity Name

JACKSONVILLE MSA LIMITED PARTNERSHIP

Principal Place of Business

Mailing Address

2. Principal Place of Business

5565 Glenridge Connector

3. Mailing Address

5565 Glenridge Connector

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 1700

DO NOT WRITE IN THIS SPACE

City & State
Atlanta, GA

City & State
Atlanta, GA

4. FEI Number

58-1616450

Applied For

Not Applicable

Zip
30342

Country

Zip
30342

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

The Prentice-Hall Corporation System, Inc.
1201 Hays Street, Suite 105
Tallahassee, FL 32301

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions

as Shown on record.

48,000,000

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

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

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

M00000002051
Florida Cellular Service, LLC
5565 Glenridge Connector
Atlanta, GA 30342

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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:

Elizabeth A. Mussell

Elizabeth A. Mussell, Asst. Sec.

08/15/2001

404/236-5550

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (11/00)

5



A27856

ACCOUNT NO. : 072100000032

REFERENCE : 429056 4386365

AUTHORIZATION :

Patricia Pizeto

COST LIMIT : \$ 526.25

ORDER DATE : August 16, 2001

ORDER TIME : 10:08 AM

ORDER NO. : 429056-045

CUSTOMER NO: 4386365

CUSTOMER: Ms. Elizabeth Mussell
Cingular Wireless
5565 Glenridge Connector
Suite 1700
Atlanta, GA 30342

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ANNUAL REPORT FILING

NAME: JACKSONVILLE MSA LIMITED
PARTNERSHIP

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight - Ext. 1156

EXAMINER'S INITIALS: _____

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2001 AUG 17 AM 11:27
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TO ACKNOWLEDGE
SUFFICIENCY OF FILING