

**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
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FILED

98 DEC 24 PM 2:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



1. Name of Limited Partnership BELLSOUTH WIRELESS DATA, L.P.	1a. DOCUMENT # A32646
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Mailing Address 10 WOODBRIDGE CENTER DRIVE WOODBRIDGE NJ 07095	Principal Office Address 10 WOODBRIDGE CENTER DRIVE WOODBRIDGE NJ 07095	3. Date Formed or Registered 03/04/1992	5a. Capital Contributions as Shown on record. \$13,504,448.00
		3a. Date of Last Report 10/03/1997	5b. Amount of Capital Contributions in FLORIDA to date: \$9,177,089.00
		4. State or Country of Formation DE	
2. Mailing Address Suite, Apt. #, etc. City & State Zip Country	2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country	6. FEI Number 22-3146753	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
		7. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
8. Make check payable to: Dept. of State (See reverse side for fee information)			

9. Name and Address of Current Registered Agent UNITED CORPORATE SERVICES, INC. 801 N.E. 167TH STREET, SUITE 305 NORTH MIAMI BEACH FL 33162	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is not acceptable) Suite, Apt. #, etc. City Zip Code
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10a. 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 office or 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) _____ DATE _____

**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 Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/Document Number
RAM COMMUNICATNS GROUP, INC.	10 WOODBRIDGE CNTR. D	WOODBRIDGE NJ	P37423 LTS 1-11-99

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

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 Michael White Michael White
Vice President & Assistant Secretary
DATE _____

Typed or Printed Name of General Partner Signing Form RAM COMMUNICATIONS GROUP, INC. Daytime Telephone Number 732-602-5522

CR2E003 (8/98)