2005 LIMITED PARTNERSHIP ANNUAL REPORT SECRETARY OF STATE **Due By May 1, 2005 DOCUMENT # A32646** VELOCITA WIRELESS, L.P. Principal Place of Business Mailing Address 5565 GLENRIDGE CONNECTOR, STE. 1750 5565 GLENRIDGE CONNECTOR, STE. 1750 ATLANTA, GA 30342 ATLANTA, GA 30342 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc 04182005 Chg-LP CR2E003 (10/03) Applied For City & State City & State 4. FFI Number 22-3146753 Not Applicable Ziρ Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent NATIONAL CORPORATE RESEARCH, LTD. , Inc. Street Address (P.O. Box Number is Not Acceptable) 103 N. MERIDIAN STREET TALLAHASSEE, FL 32301 City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. DATE 9. Capital Contributions 10. Amount of Capital Contributions \$12,031,675.00 as Shown on record. in FLORIDA to date. 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. GENERAL PARTNER INFORMATION 12. 13. ADDRESS CHANGES ONLY DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY -ST-ZIP DOCUMENT # F05000002602 STREET ADDRESS NAME VELOCITA WIRELESS HOLDING CORP. 70005452894° STREET ADDRESS 10 WOODBRIDGE CENTER DRIVE CITY-ST-ZIP 05/13/05--01066--008 **150.00 CITY-ST-ZIP WOODBRIDGE, NJ 07095 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP 700054528947 CITY-ST-ZIP 05/13/05--01066--009 **376.25 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP DOCUMENT / STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP 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 factor as required by Chapter 620. Florida Statutes George Panse

Treasurer

YPED OR PRINTED NAME OF SIGNING GENERAL PAR

SIGNATURÈ