


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED

06 MAY -1 PM 1:44


**SECRETARY OF STATE
TALLAHASSEE FLORIDA**

DOCUMENT #A32646 1. Entity Name VELOCITA WIRELESS, L.P.	
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Principal Place of Business 5565 GLENRIDGE CONNECTOR, STE. 1750 ATLANTA, GA 30342	Mailing Address 5565 GLENRIDGE CONNECTOR, STE. 1750 ATLANTA, GA 30342
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2. Principal Place of Business <i>10 Woodbridge Center Drive</i> Suite, Apt. #, etc.	3. Mailing Address <i>Woodbridge Center Drive</i> Suite, Apt. #, etc.
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City & State <i>Woodbridge, NJ</i> Zip <i>07095</i> Country <i>USA</i>	City & State <i>Woodbridge, NJ</i> Zip <i>07095</i> Country <i>USA</i>
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04252006 Chg-LP CR2E003 (11/05)	4. FEI Number 22-3146753
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	Applied For <input type="checkbox"/> Not Applicable

6. Name and Address of Current Registered Agent NATIONAL CORPORATE RESEARCH, LTD. 515 E. PARK AVE. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$500.00 After May 1, 2006, Fee will be \$900.00

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	F05000002602 VELOCITA WIRELESS HOLDING CORP. 10 WOODBRIDGE CENTER DRIVE WOODBIDGE, NJ 07095	STREET ADDRESS CITY - ST - ZIP	
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14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 	4/26/06 (732) 602-5500
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>	<small>Date Daytime Phone #</small>

*SAM REIMER,
Vice President of Finance*

STAPLE CHECK HERE