


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

| | |
|--|---|
| DOCUMENT # A94000000829 1. Entity Name TELCOM SYSTEMS, LTD. |  |
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 JAN 19 AM 9:12

| | |
|---|---|
| Principal Place of Business 450 NE 1ST RD HOMESTEAD, FL 33030-6134 US | Mailing Address 450 NE 1ST RD HOMESTEAD, FL 33030-6134 US |
|---|---|



DO NOT WRITE IN THIS SPACE

01052006 No Chg-LP

CR2E003 (11/05)

| | |
|--|---------------------------------------|
| 4. FEI Number 65-0502601 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |

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|--|
| 6. Name and Address of Current Registered Agent TELCOM SYSTEMS, INC. 450 NE 1ST RD HOMESTEAD, FL 33030-6134 |
|--|

**DO NOT WRITE
IN THIS SPACE**

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

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 | |
|---------------------------------|-------------------------|
| DOCUMENT # | K89099 |
| NAME | TELCOM SYSTEMS, INC. |
| STREET ADDRESS | 450 NE 1ST RD |
| CITY-ST-ZIP | HOMESTEAD, FL 330306134 |
| DOCUMENT # | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| DOCUMENT # | |
| NAME | |
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| DOCUMENT # | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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**DO NOT WRITE
IN THIS SPACE**

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:

James E. Spisiak
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

James E. Spisiak

1/5/2006 (305) 245-4511

Date

Daytime Phone #

STAPLE CHECK HERE