

**2008 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2008**

FILED
Feb 06, 2008 08:00 AM
Secretary of State

DOCUMENT # A94000000829 1. Entity Name TELCOM SYSTEMS, LTD.	
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Principal Place of Business 450 NE 1ST RD HOMESTEAD FL 33030-6134 US	Mailing Address 450 NE 1ST RD HOMESTEAD FL 33030-6134 US
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

1st MOORE CR2E003 (10/07)

4. FEI Number 65-0502601	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent TELCOM SYSTEMS, INC. 450 NE 1ST RD HOMESTEAD FL 33030-6134	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 date of application)

FILE NOW!!! Fee is \$500. * After May 1, 2008, fee will be \$900. *** Make check payable to Florida Department of State.**

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	K89099 TELCOM SYSTEMS, INC. 450 NE 1ST RD HOMESTEAD FL 33030-6134	STREET ADDRESS CITY-ST-ZIP	1000000818254 02/15/08-80040-001 667.50
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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: *James E. Spinale* **02/05/08**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date

STAPLE CHECK HERE