

**FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

P 339 387 285

LIMITED PARTNERSHIP  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
**Sandra Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

11/14 96 NOV -7 PM 3:04



1. Name of Limited Partnership  
**TOWERCOM, LIMITED**

1a. DOCUMENT #  
**A94000001520**

2. Mailing Address  
P.O. BOX 4069  
JACKSONVILLE FL 32201

2a. Principal Office Address  
1600 INDEPENDENT SQUARE  
JACKSONVILLE FL 32202

Suite, Apt. #, etc.  
City & State  
Zip Country

3. Date Formed or Registered  
**11/14/1994**

3a. **12/28/1995** port

4. State or Country of Formation  
**FL**

5a. Capital Contributions as Shown on record  
**\$2,500,000.00**

5b. Amount of Capital Contributions in FLORIDA to date

6. **59-0279060**  Applied For  Not Applicable

7. Certificate of Status Desired  \$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  
**KREIS, ROBERT R**  
1600 INDEPENDENT SQUARE  
JACKSONVILLE FL 32202

10. If changed, new Registered Agent/Office

Name  
Street Address (P.O. Box Number Is Not Acceptable)  
Suite, Apt. #, etc.  
City  
Zip Code  
**FL**

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
TOWERCOM, INC.	1010 EAST ADAMS STREE	JACKSONVILLE FL 32202	P94000082920

800002006408--7  
-11/15/96--01097--011  
\*\*\*\*576.25 \*\*\*\*576.25

**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: *L.D. Williams, Vice Pres*  
Typed or Printed Name of General Partner Signing Form: **L D Williams**

DATE: **Oct 23, 1996**  
Daytime Telephone Number: **904-634-8808**

CR2E003 (6/96)