

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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
97 JAN -2 AM 8:18

LIMITED PARTNERSHIP ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra Morahan Secretary of State DIVISION OF CORPORATIONS	
1. Name of Limited Partnership  Milliwave Limited Partnership		1a. DOCUMENT #  A95000000660	
Mailing Address  370 Wood Dale Drive Wellington, FL 33414		Principal Office Address  370 Wood Dale Drive Wellington, FL 33414	
2. Mailing Address  Suite, Apt. #, etc.  City & State  Zip Country		2a. Principal Office Address  Suite, Apt. #, etc.  City & State  Zip Country	
		3. Date Formed or Registered  4/25/1995	
		3a. Date of Last Report  5/9/1996	
		4. State or Country of Formation  Florida	
		5a. Capital Contributions as Shown on record  5,000,990.00	
		5b. Amount of Capital Contributions in FLORIDA to date  5,275,000.00	
		6. FEI Number  65-0580511 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
		7. Certificate of Status Desired  <input checked="" type="checkbox"/> \$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  Domencich, Thomas A. 370 Wood Dale Drive Wellington, FL 33414		10. If changed, new Registered Agent/Office  Name  Street Address (P.O. Box Number is Not Acceptable)  Suite, Apt. #, etc.  City  FL Zip Code	
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
Milliwave Communications Corp.	370 Wood Dale Drive	Wellington, FL 33414	P95000032477
500002055575--8 -01/18/97--01041--011 ***2835.00 ****585.00 dec (cus) 585.00			
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 _____ Thomas A. Domencich		DATE 12-31-96	
Typed or Printed Name of General Partner Signing Form Thomas A. Domencich		Daytime Telephone Number (561) 545-9571	

CR2E003 (6/96)