

FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 NOV 21 PM 2: 14



1. Name of Limited Partnership

1a. DOCUMENT #
A97000001331

TOWERCOM FLORIDA, LIMITED PARTNERSHIP

Mailing Address

2630 NW 41ST STREET, BUILDING B
GAINESVILLE FL 32606

Principal Office Address

2630 NW 41ST STREET, BUILDING B
GAINESVILLE FL 32606

3. Date Formed or Registered

06/13/1997

5a. Capital Contributions as Shown on record.

\$1,000,000.00

3a. Date of Last Report

5b. Amount of Capital Contributions in FLORIDA to date:

4. State or Country of Formation

FL

6. FEI Number

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)

2. Mailing Address

1600 Independent Square
Suite, Apt. #, etc.

2a. Principal Office Address

Suite, Apt. #, etc.

City & State

Jacksonville, FL

City & State

Zip Country

32202

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

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)

TOWERCOM HOLDINGS, LLC

11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)

1600 INDEPENDENT SQUA

11b. City, State & Zip Code

JACKSONVILLE FL 32202

11c. Registration/Document Number

M97000000343

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dcc

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

DATE Oct 28, 1997

Daytime Telephone Number (904) 634-8808

CR2E003 (6/97)