



FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED 98 DEC 10 PM 4:30 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
1. Name of Limited Partnership TOWERCOM DEVELOPMENT, LIMITED PARTNERSHIP		1a. DOCUMENT # A97000001332			
Mailing Address 1800 INDEPENDENT SQUARE JACKSONVILLE FL 32202		Principal Office Address 1600 INDEPENDENT SQUARE JACKSONVILLE FL 32202		3. Date Formed or Registered 06/13/1997 3a. Date of Last Report 11/21/1997 4. State or Country of Formation FL 5a. Capital Contributions as Specified on Record 12-198 \$7,500,000.00 5b. Amount of Capital Contributions in FLORIDA to date: \$7,500,000.00 6. FEI Number 59-3456791 7. Certificate of Status Desired 8. Make check payable to: Dept. of State (See reverse side for fee information)	
2. Mailing Address 1 Independent Drive Suite, Apt. #, etc. Suite 1600 City & State Jacksonville, FL Zip 32202-5009 Country USA		2a. Principal Office Address 1 Independent Drive Suite, Apt. #, etc. Suite 1600 City & State Jacksonville, FL Zip 32202-5009 Country USA		5c. Additional Fee Required \$8.75 Applied For Not Applicable	
9. Name and Address of Current Registered Agent KREIS, ROBERT 1600 INDEPENDENT SQUARE JACKSONVILLE FL 32202		10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) 1 Independent Drive Suite, Apt. #, etc. Suite 1600 City Jacksonville Zip Code FL 32202-5009			
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) LDP, INC.		11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 1600-INDEPENDENT-SQUA 1 Independent Drive Suite 1600		11b. City, State & Zip Code JACKSONVILLE FL 32202	
				11c. Registration/ Document Number J92529 OK 12-18	
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 DATE November 24, 1998			
Typed or Printed Name of General Partner Signing Form		Daytime Telephone Number 904/634-8808			

CR2E003 (8/98)