

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED
PARTNERSHIP
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 DEC 29 PM 3:43

DOCUMENT # A99000001985

1. Name of Limited Partnership

WPOI OF SAN FRANCISCO WIRELESS
REINSTATEMENT 2003 PARTNERS, LLP.

2. Principal Office Address

11000 Prosperity Farms Rd
Palm Beach Gardens, FL 33410

Suite, Apt. #, etc.

Suite 201

3. Mailing Office Address

11000 Prosperity Farms Road

Suite, Apt. #, etc.

Suite 201

City & State

Palm Beach Gardens, FL

City & State

Palm Beach Gardens, FL

Zip

33410

Country

USA

Zip

33410

Country

USA

8. Name and Address of Current Registered Agent

Name

Spiegel + Utrera, P. A.

Street Address (P.O. Box Number is Not Acceptable)

343 Almeria Avenue

Suite, Apt. #, Etc.

City

Coral Gables

State

FL

Zip Code

33134

9. 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.

10. Name(s) of General Partner(s)	Address of Each General Partner (Do NOT Use Post Office Box Numbers)	City, State and Zip Code	10a. Registration Document Number
Chen, Shirley P.	3412 Hackney Court Raleigh, NC 27613		
Chin, Achson	1 Honey Court Metuchen, NJ 08840		
Donn, George W	946 Rodney Drive San Leandro, CA 94577		

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

11. 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)(i), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) 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

Achson chin

DATE

12/15/2003

Typed or Printed Name of General Partner Signing Form

Achson Chin

Telephone Number

(212) 657-7184

CR20039 (9/03)