

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

06 MAR -3 AM 11:03

DOCUMENT # B00000000013 1. Entity Name BELL ATLANTIC CELLULAR HOLDINGS, L.P.					
Principal Place of Business 1095 AVENUE OF THE AMERICAS NEW YORK, NY 10036			Mailing Address 1717 ARCH STREET 15TH FL PHILADELPHIA, PA 19103		
2. Principal Place of Business ONE VERIZON WAY Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc. 21st Floor			
City & State Basking Ridge, NJ		City & State		4. FEI Number 22-3399184	
Zip 07920		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
FILE NOW!!! FEE IS \$500.00 After May 1, 2006, Fee will be \$900.00					
A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	F00000000444		STREET ADDRESS	ONE VERIZON WAY	
NAME	METRO MOBILE CTS OF CHARLOTTE, INC.		CITY-ST-ZIP	BASKING RIDGE, NJ 07920	
STREET ADDRESS	1095 AVENUE OF THE AMERICAS		STREET ADDRESS		
CITY-ST-ZIP	NEW YORK, NY 10036		CITY-ST-ZIP		
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14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: JANA L. CRAIN, VICE PRES. TAXES 2/22/06 215-466-4185
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER