

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED

07 MAY 17 PM 2:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # B00000000013

1. Entity Name
BELL ATLANTIC CELLULAR HOLDINGS, L.P.



Principal Place of Business
**ONE VERIZON WAY
BASKING RIDGE, NJ 07920**

Mailing Address
**1717 ARCH STREET
21ST FL
PHILADELPHIA, PA 19103**

DO NOT WRITE IN THIS SPACE



04102007 No Chg-LP

CR2E003 (12/06)

4. FEI Number
22-3399184

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$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**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

DATE

**FILE NOW!!! FEE IS \$500.00
After May 1, 2007, 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

DOCUMENT # **F00000000444**
NAME **METRO MOBILE CTS OF CHARLOTTE, INC.**
STREET ADDRESS **ONE VERIZON WAY**
CITY-ST-ZIP **BASKING RIDGE, NJ 07920**

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05/04/07-85591-004 150.00

05/24/07--01059--003 **500.00

**DO NOT WRITE
IN THIS SPACE**

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. Cain* **JANA L. CAIN, VICE PRES-TAXES**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

4/12/07

215-466-4185

STAPLE CHECK HERE