

**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

**DOCUMENT # B00000000278**

1. Entity Name  
**NII COMMUNICATIONS, LTD.**



**FILED**

**06 JUN -6 PM 12:29**

**SECRETARY OF STATE  
TALLAHASSEE FLORIDA**

Principal Place of Business  
**1717 N. LOOP 1604 EAST, STE 250  
SAN ANTONIO, TX 78232**

Mailing Address  
**1717 N. LOOP 1604 EAST, STE 250  
SAN ANTONIO, TX 78232**

2. Principal Place of Business  
**2855 South Congress**

3. Mailing Address  
**2855 South Congress**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**Delray Beach, FL**

City & State  
**Delray Beach, FL**

4. FEI Number  
**76-0497293**

Applied For  
Not Applicable

Zip  
**33445**

Country  
**USA**

Zip  
**33445**

Country  
**USA**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324**

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

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

DATE

**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 # **M00000001910**  
NAME **NII COMMUNICATIONS GP, LLC**  
STREET ADDRESS **1717 N. LOOP 1604 EAST, STE 250**  
CITY-ST-ZIP **SAN ANTONIO, TX 78232**

STREET ADDRESS **2855 S. Congress**  
CITY-ST-ZIP **Delray Beach, FL**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS  
CITY-ST-ZIP

**100075968501  
06/08/06--01002--005 \*\*500.00**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS  
CITY-ST-ZIP

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:**

*Keith Parsons*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**4/20/06**

Date

**(561) 454-5066**

Daytime Phone #

**Keith Parsons, Secretary of NII Communications GP, LLC,**

**Please ask for Allison Dunbar**

STAPLE CHECK HERE