


2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED

2005 MAY 12 AM 10:53

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # B0400000227
 1. Entity Name
 GLOBAL SIGNAL OPERATING PARTNERSHIP, L.P.



Principal Place of Business
 1209 ORANGE STREET
 WILMINGTON, DE 19801

Mailing Address
 301 N CATTLEMEN RD.
 SARASOTA, FL 34232

2. Principal Place of Business
 301 N Cattlemen Rd


3. Mailing Address
 301 N Cattlemen Rd

Suite, Apt. #, etc.
 Suite 300

City & State
 Sarasota FL

Zip
 34232

Country
 USA



04152005 Chg-LP CR2E003 (10/03)

4. FEI Number
 20-1118603

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

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 _____
Signature, typed or printed name of registered agent and use if applicable.

9. Capital Contributions as Shown on record. \$0.00

10. Amount of Capital Contributions in FLORIDA to date.

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 #	M0400002092	STREET ADDRESS	
NAME	GLOBAL SIGNAL GP LLC	CITY-ST-ZIP	
STREET ADDRESS	301 NORTH CATTLEMEN ROAD, STE. 300		
CITY-ST-ZIP	SARASOTA, FL 34232		
DOCUMENT #		STREET ADDRESS	800054345528
NAME		CITY-ST-ZIP	05/12/05-01082-020 **141.25
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STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Camille Blommer 4/21/05 Date 941-364-8886 Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER