

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

DOCUMENT # B06000000201

1. Entity Name
SPRINT SPECTRUM REALTY COMPANY, L.P.



FILED

2007 MAY 10 AM 10:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
6200 SPRINT PARKWAY
MS: KSOPHF0302-3B120
OVERLAND PARK, KS 66251

Mailing Address
6200 SPRINT PARKWAY
MS: KSOPHF0302-3B120
OVERLAND PARK, KS 66251



2. Principal Place of Business - No P.O. Box #
6500 Sprint Pkwy
Suite, Apt. #, etc.
HL-5A STX

3. Mailing Address
6500 Sprint Pkwy
Suite, Apt. #, etc.
HL-5A STX

City & State
Overland Park, KS
Zip
66251 Country
USA

City & State
Overland Park, KS
Zip
66251 Country
USA

03192007 Chg-LP CR2E003 (12/06)

4. FEI Number
43-17046021

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

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

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 # **B96000000298**
NAME **SPRINT SPECTRUM L.P.**
STREET ADDRESS **6200 SPRINT PARKWAY**
CITY-ST-ZIP **OVERLAND PARK, KS 66251**

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13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

6500 Sprint Pkwy
Overland Park, KS 66251

STREET ADDRESS

CITY-ST-ZIP

~~500100000135~~
05/15/07--01043--011 **500.00

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

[Signature]

4/25/07

913-315-5820