## FILE ON OR BEFORE APRIL 7, 1999 TO AVOID REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP **ANNUAL REPORT** 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FREE STATE S

99 MAR 10 AM 10: 42

1. Name of Limited Partnership	1a. DOCUMENT # <b>B9600000235</b>			
NATIONAL WIRELESS INFRA RSHIP	STRUCTURE, LIMITED	PARTNE	1164/141 1117 11176 1117 1077 -	)
Mailing Address	Principal Office Address		3. Date Formed or Registered	<b>5a.</b> Capital Contributions as Shown on record.
3450 BUSCHWOOD PARK DRIVE. SUITE 250 TAMPA FL 33618	9 EAST LOOKERMAN STREET DOVER DE 19901		06/25/1996 3a. Date of Last Report 06/12/1998	\$1,600,000.00  5b. Amount of Capital Contributions in Ft ORIDA to date
2. Mailing Address	2a. Principal Office Address		4. State or Country of Formation DE	
Sulte, Apt. #, etc.  City & State	Suite, Apt #, etc.  City & State		6. FEI Number 75-2650210	Applied For Not Applicable
Zip Country	Zip	Country	7. Certificate of Status Desired  8. Make check payable to Dept o	\$8.75 Additional Fee Required  f State (See reverse side for fee information)
9. Name and Address of Currer	nt Registered Agent	· · · · · · · · · · · · · · · · · · ·	10. If changed, new Registered	Agent/Office
526 E. PARK AVENUE TALLAHASSEE FL 32301  10a. Pursuant to the provisions of sections 620 1051 ar for the purpose of changing its registered office or agent. I am familiar with, and accept the obligation  SIGNATURE (Registered Agent Accepting Appointment).  A GENERAL PARTNER THAT	registered agent, or both, in the State of Florins of section 620.192, Florida Statutes.	Suite, Apt #, etc. City d limited partnership on da Such change was a	一般3/2: 東東東亞 ganized or registered under the laws of th authorized by its general partner(s) I here DATE RTNERSHIP OR OTH	by accept the appointment of registered
11. Name(s) of General Partner(s)		11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)		11c. Registration/ Document Number
UNISITE ALPHA, INC.	3450 BUSCHWOOD PARK D		TAMPA FL 33618	F96000002540
Note: General partners MAY NO  12. I do hereby certify that the information supplied with the complete partial formation and the second formation	his filing is voluntarily furnished and does not o	qualify for the exemption	stated in Section 119 07(3)(k), Florida St	atutes Trelease the Division of Corporations
from any liability of non-compliance with Section 119 is true and accurate and that my signature shall have	.07(3)(k) in the event that the information supp	olied is deemed exempt	from public access. I further certify that the	ie information indicated on this annual repo

execute this report as required by chapter 620, Florida Statutes

Typod or Printed Name of General Partner Signing Form Richard T. Dawson

On une President, WIIsite Mpha, INDATE 2/25/57 Richard T. Dawson Daytime Telephone Number 813-915-2549