


FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1999			FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
1. Name of Limited Partnership		1a. DOCUMENT # B97000000030	

WIRELESS ONE NETWORK MANAGEMENT, L.P.

Mailing Address		Principal Office Address	
2100 ELECTRONICS LANE FORT MYERS FL 33912		2100 ELECTRONICS LANE FORT MYERS FL 33912	
2. Mailing Address		2a. Principal Office Address	
Suite, Apt. #, etc		Suite, Apt. #, etc	
City & State		City & State	
Zip Country		Zip Country	

3. Date Formed or Registered 01/17/1997	5a. Capital Contributions as Shown on record \$1,000.00
3a. Date of Last Report 12/03/1997	5b. Amount of Capital Contributions in FL OR (A) to date 1,000.00
4. State or Country of Formation DE	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
6. FEI Number 59-3418223	<input type="checkbox"/> \$8.75 Additional Fee Required
7. Certificate of Status Desired <input type="checkbox"/>	
8. Make check payable to: Dept. of State (See reverse side for fee information)	

9. Name and Address of Current Registered Agent		10. If changed, new Registered Agent/Office	
Dwyer, James A 2100 Electronics Lane Fort Myers FL 33912		Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc City FL Zip Code	
10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.			

SIGNATURE (Registered Agent Accepting Appointment) _____ DATE _____
**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number
QUALITY CELLULAR COMMUNICATI	2100 ELECTRONICS LANE	FORT MYERS FL 33912	S18858
5.000000275.6475- - 1 -01/27/99 -01067-001 ****141.25 ****141.25			

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE _____

DATE _____

Typed or Printed Name of General Partner Signing Form _____

Daytime Telephone Number _____

CR2E003 (8/98)