

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

DOCUMENT # B97000000030

1. Entity Name
WIRELESS ONE NETWORK MANAGEMENT, L.P.



Principal Place of Business
2100 ELECTRONICS LANE
FORT MYERS, FL 33912

Mailing Address
2100 ELECTRONICS LANE
FORT MYERS, FL 33912

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



04252006

Chg-LP

CR2E003 (11/05)

4. FEI Number
59-3418223

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

DWYER, JAMES A
2100 ELECTRONICS LANE
FORT MYERS, FL 33912

Name
Margaret M. Dwyer

Street Address (P.O. Box Number is Not Acceptable)
2100 Electronics Lane

City
Fort Myers

FL Zip Code
33912

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

Margaret M. Dwyer
 Signature, typed or printed name of registered agent and title if applicable.

4/26/06
 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

DOCUMENT # **S18858**
 NAME **QUALITY CELLULAR COMMUNICATIONS, INC.**
 STREET ADDRESS **2100 ELECTRONICS LANE**
 CITY-ST-ZIP **FORT MYERS, FL 33912**

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

000074660550
05/16/06--01020--001 **500.00

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

26 Apr 06

Date Daytime Phone #

STAPLE CHECK HERE