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

LIMITED PARTNERSHIP ANNUAL REPORT 1999

SIGNATURE\_

Typed or Printed Name of General Partner Signing Form



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

99 IAN -5 PM 2. 1.1.

Daytime Telephone Number

1. Name of Limited Partnership	1a. DOCUMENT # B97000000070			JJ JAH J	1 [] J.	ių ių	
WIRELESS ONE NETWORK, L.P.							
Mailing Address	Principal Office Address		-  :	Date Formed or Registered	5a. Capital Contributions as Shown on record.		
2100 ELECTRONICS LANE FORT MYERS FL 33912	2100 ELECTRONICS LANE FORT MYERS FL 33912		-	02/06/1997 3a. Date of Last Report 12/03/1997	\$37,875,000.00		
				4. State or Country of Formation to date:		int of Capital ibutions in FLORIDA e:	
2. Mailing Address	2a. Principal Office Address	2a. Principal Office Address		DE	\$83.032,000.00		
Suite, Apt. #, etc.	Suite, Apt. #, etc.			65-0719968	Applied For Not Applicable		
City & State	City & State			Certificate of Status Desired		\$8.75 Additional Fee Required	
Zip Country	Zip	Zīp Country		Fee Required  8. Make check payable to: Dept. of State (See reverse side for fee information)			
		<del></del>				VF \$506/8	
9. Name and Address of Current Registered Agent			10. If changed, new Registered Agent/Office				
C T CORPORATION SYSTEM  1200 SOUTH PINE ISLAND ROAD  PLANTATION FL 33324		Street Address (P.O. Box Number Is the Property of 273833—28  Suite, Apt. #, etc. #***526.25 #***526.25					
		City	City Zip Code				
10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above name of 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)  A GENERAL PARTNER THAT	IS A COPPOPATION I	MITED D	ADTN	EPSUID OP OTHE	D BIIGII	NESS ENTITY	
MUS	T BE REGISTERED AN	D ACTIVE	WITH	THIS OFFICE.		NESS ENTITI	
11. Name(s) of General Partner(s)	11a. Address of Each Genera		1b.	City, State & Zip Code	11c.	Registration/ Document Number	
WON, INC.	2100 ELECTRONICS LANE		FORT MYERS FL 33912		F9700000637		
					5		
Note: General partners MAY NOT	be changed on this form	n; an amen	dment	must be filed to cha	nge a ge	eneral partner.	
1 do hereby certify that the formation supplied with this filling 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 may 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 departer 620, Florida Statutes.							