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

LIMITED PARTNERSHIP ANNUAL REPORT

SIGNATURE_

Typed or Printed Name of General Partner Signing Form



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE DIVISION OF CORPORATIONS

Daytime Telephone Number

1999		DIVISION OF CORPOR	RATIONS	99 JAN -5 P	M R: l.l.		
1. Name of Limited Partnership	1a. B9	DOCUMENT 700000007	99 JAN -5 F	() J. 44			
WIRELESS ONE HOLDING COMPANY, L.P.							
Mailing Address	Principal Offi	ice Address	<u></u>	3. Date Formed or Registered	5a. Capita	of Contributions as	
2100 ELECTRONICS LANE	2100 ELECT	TRONICS LANE	02/06/1997	\$275,227,235.22			
FORT MYERS FL 33912		RS FL 33912	3a. Date of Last Report				
				12/03/1997	5b. Amou	nt of Capital butions in FLORIDA	\dashv
				4. State or Country of Formation	j to date	B:	
2. Mailing Address	Za. Princi	pal Office Address	DE	4727	5,876,88°	4,00	
Suite, Apt. #, etc.	Suite, Apt. #	Suite, Apt. #, etc. City & State		6. FEI Number	Applied For		\exists
City & State	City & State			65-0719969		Not Applicable	
				7. Certificate of Status Desired		\$8.75 Additional	\neg
Zip Country	Zip	Zip Country		8. Make check payable to: Dept. of	State (See reve	Fee Required rse side for fee informatio	(n)
					F	526.	যন্ত্ৰ
9. Name and Address	of Current Registered Agen		10. If changed, new Registered Agent/Office				
C T CORPORATION SYSTEM			Name				
1200 SOUTH PINE ISLAND ROAD			Street Address (P.O. Box Number is Not Acceptable)				
PLANTATION FL 33324			Suite, Apt #, etc.				
		City		*****		*****626.25	\dashv
10a. Pursuant to the provisions of sections 62	0 4054 and 600 400 Florida	Statutes the phase powerd limited		alred or registered under the force of the	FL State of Florid	a submite this statement	┨,
for the purpose of changing its registered agent. I am familiar with, and accept the	i office or registered agent, or	both, in the State of Florida. Such					
SIGNATURE (Registered Agent Accepting Appoint		c, Florida Statutes.		DATE		MA_	_
A GENERAL PARTNER	THAT IS A COR MUST BE REG	PORATION, LIMIT	ED PART	NERSHIP OR OTHE	R BUSI	NESS ENTITY	
11. Name(s) of General Partner(s)		Address of Each General Partner NOT Use Post Office Box Number	City, State & Zip Code	11c.	Registration/ Document Number	\neg	
							⊣ ଛ
WIRELESS ONE NETWORK, L.P. 2100 ELECTRONICS		ELECTRONICS LANE	FO	RT MYERS FL 33912	B9700000070		CR2E003 (8/99)
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Note: General partners MA	NOT be change	ed on this form; an	amendme	nt must be filed to ch	ange a ge	eneral partner.	
12. I do hereby certify that the information supp Corporations from any liability of non-compl							
this annual report is true and accurate and the empowered to execute this report as require	that my signature shall have ti	he same legal effects as if made u					