

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 8, 2004

FILED
Jul 29, 2004 08:00 AM
Secretary of State

DOCUMENT # B98000000065

1. Entity Name
CONSTEL COMMUNICATIONS, L.P.



Principal Place of Business
2444 SOLOMONS ISLAND ROAD, SUITE 202
ANNAPOLIS, MD 21401

Mailing Address
2444 SOLOMONS ISLAND ROAD, SUITE 202
ANNAPOLIS, MD 21401

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country



07132004 Chg-LP CR2E003 (10/03)

4. FEI Number
52-2062017

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
HAYES, ROY E JR.
C/O CONSTEL COMMUNICATIONS LP/CHALET NORTH
1800 ALPINE DR.
APOPKA, FL 32703

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. **\$0.00**

10. Amount of Capital Contributions in FLORIDA to date.

In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.

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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	F98000000083	STREET ADDRESS	
NAME	CR COMMUNICATIONS, INC.	CITY-ST-ZIP	
STREET ADDRESS	2444 SOLOMONS ISLAND ROAD, SUITE 202		
CITY-ST-ZIP	ANNAPOLIS, MD 21401		
DOCUMENT #		STREET ADDRESS	000000160023
NAME		CITY-ST-ZIP	07/29/04-80008-019 141.25
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STREET ADDRESS			
CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Roy E. Hayes, Jr. **7-19-04** **410-266-9393**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE