


**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2008**

<b>DOCUMENT # B99000000084</b> 1. Entity Name <b>AT&amp;T NETWORK PROCUREMENT LP</b>	
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FILED  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

08 MAR 11 PM 2:47

Principal Place of Business <b>ONE AT&amp;T WAY, ROOM 4A235          BEDMINSTER, NJ 07921</b>	Mailing Address <b>ONE AT&amp;T WAY, ROOM 4A235          BEDMINSTER, NJ 07921</b>
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01302008 Chg-LP CR2E003 (12/06)

4. FEI Number <b>22-3627536</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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<b>6. Name and Address of Current Registered Agent</b>  <b>C T CORPORATION SYSTEM          1200 SOUTH PINE ISLAND ROAD          PLANTATION, FL 33324</b>
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<b>7. Name and Address of New Registered Agent</b>	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
<b>FL</b>	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.

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2008, 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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	M99000000254	STREET ADDRESS	
NAME	AT&T NETWORK PROCUREMENT MANAGEMENT LLC	CITY-ST-ZIP	<b>600120708966</b>
STREET ADDRESS	ONE AT&T WAY, ROOM 4A235		03/19/08--01010--025 **500.00
CITY-ST-ZIP	BEDMINSTER, NJ 07921		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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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 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:** Beth Somdka 2/8/08 (908) 234-8955  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STATE OF FLORIDA