

2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED

2005 APR 14 PM 1:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # B99000000315	
1. Entity Name GLOBAL SPECTRUM, L.P.	

Principal Place of Business FIRST UNION CENTER 3601 SOUTH BROAD STREET PHILADELPHIA, PA 19148	Mailing Address FIRST UNION CENTER 3601 SOUTH BROAD STREET PHILADELPHIA, PA 19148
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2. Principal Place of Business WACHOVIA CENTER Suite, Apt. #, etc.	3. Mailing Address WACHOVIA CENTER Suite, Apt. #, etc.
City & State	City & State
Zip	Country



02182005 Chg-LP CR2E003 (10/03)

6. Name and Address of Current Registered Agent SAUER, MICHEL 10601 US HWY 19 NORTH PINELLAS PARK, FL 32702		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 780 94TH AVE NORTH SUITE 107 City ST. PETERSBURG FL Zip Code 33702	
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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.

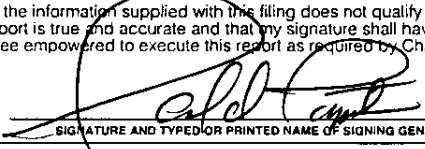
SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$243,571.00	10. Amount of Capital Contributions in FLORIDA to date.
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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 #	F00000000318	STREET ADDRESS	
NAME	GLOBAL SPECTRUM, INC.	CITY-ST-ZIP	
STREET ADDRESS	3601 SOUTH BROAD STREET, FIRST UNION CENTE		
CITY-ST-ZIP	PHILADELPHIA, PA 19148		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	000054019970
STREET ADDRESS			05/06/05--01080--011 **526.25
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
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DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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)(i), 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

Date

Daytime Phone #

2/22/05

215-389-9480

STAPLE CHECK HERE