

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED

06 MAY -11 PM 1:48

SECRETARY OF STATE
 TALLAHASSEE FLORIDA




02152006 No Chg-LP CR2E003 (11/05)

4. FEI Number **65-1037050** Applied For
 Not Applicable

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

DOCUMENT # A0000001128
 1. Entity Name
SELECT COMMUNICATIONS LIMITED PARTNERSHIP



Principal Place of Business Mailing Address
 100 S. BISCAYNE BLVD., SUITE 1100 100 S. BISCAYNE BLVD., SUITE 1100
 MIAMI, FL 33131 MIAMI, FL 33131

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
HOLLO, JEROME
 100 S. BISCAYNE BLVD., SUITE 1100
 MIAMI, FL 33131

DO NOT WRITE IN THIS SPACE

8. The above named entry 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, 2006, 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

DOCUMENT #	P99000037002
NAME	TELEGATE, INC.
STREET ADDRESS	100 S. BISCAYNE BLVD., SUITE 1100
CITY - ST - ZIP	MIAMI, FL 33131
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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 05/17/06--01005--022 **500.00

DO NOT WRITE IN THIS SPACE

STAPLE CHECK HERE

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: J. A. Holloman 4/18/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #