


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

04 FEB 17 3:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # M96000000383					
1. Entity Name ACC CABLE COMMUNICATIONS FL-VA, LLC					
Principal Place of Business 1 N MAIN ST COUDERSPORT, PA 16915			Mailing Address 1 N MAIN ST COUDERSPORT, PA 16915		
2. Principal Place of Business 5619 DTC Parkway		3. Mailing Address Same			
Suite, Apt. #, etc. Suite 800		Suite, Apt. #, etc.			
City & State Greenwood Village, CO		City & State		01222004 Chg-LLC CR2E083 (10/03)	
Zip 80111		Country USA		4. FEI Number 54-1820136	
				5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ACC CABLE HOLDINGS VA, INC.		NAME		
STREET ADDRESS	1 NORHT MAIN STREET		STREET ADDRESS	5619 DTC Parkway, Suite 800	
CITY-ST-ZIP	COUDERSPORT, PA 16915		CITY-ST-ZIP	Greenwood Village, CO 80111	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS	300028947533	
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
ACC Cable Communications FL-VA, Inc., By: ACC Cable Holdings, Inc., its sole Member					
SIGNATURE: <u>Kathy L. Watson</u> Assistant Secretary			January 30, 2004 (303) 268-6317		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		



M96000000383

ACCOUNT NO. : 072100000032

REFERENCE : 442977 7389086

AUTHORIZATION : Patricia Pajuts

COST LIMIT : \$ 50.00

ORDER DATE : February 16, 2004

ORDER TIME : 10:37 AM

ORDER NO. : 442977-005

CUSTOMER NO: 7389086

CUSTOMER: Kathy L. Waterman
Adelphia Communications
Suite 800
5619 Dtc Parkway
Greenwood Villa, CO 80111

BK

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TALLAHASSEE, FLORIDA

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NAME: ACC CABLE COMMUNICATIONS
FL-VA, LLC

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Darlene Ward - Ext. 2935

RECEIVED
04 FEB 17 PM 12:46
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

EXAMINER'S INITIALS: _____