


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT


**FILED**  
**Feb 01, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # M96000000383**  
 1. Entity Name  
**ACC CABLE COMMUNICATIONS FL-VA, LLC**



Principal Place of Business 5619 DTC PARKWAY, SUITE 800 GREENWOOD VILLAGE, CO 80111	Mailing Address 5619 DTC PARKWAY, SUITE 800 GREENWOOD VILLAGE, CO 80111
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**DO NOT WRITE IN THIS SPACE**



01072005 No Chg-LLC CR2E083 (10/03)

4. FEI Number <b>54-1820136</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
 1201 HAYS STREET  
 TALLAHASSEE, FL 32301-2525

**DO NOT WRITE IN THIS SPACE**

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, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ACC CABLE HOLDINGS VA, INC. 5619 DTC PARKWAY, SUITE 800 GREENWOOD VILLAGE, CO 80111
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 02/02/05-80010-013 50.00

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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, LLC, By: ACC Cable Holdings, Inc., its sole Member

**SIGNATURE:** *Kathy L. Waterman* Kathy L. Waterman, Assistant Secretary 1-10-2005 (303) 268-6300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #