

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M99000001448

FILED
Mar 20, 2008
Secretary of State

Entity Name: COX COMMUNICATIONS GULF COAST, L.L.C.

Current Principal Place of Business:

1400 LAKE HEARN DRIVE
ATLANTA, GA 30319

New Principal Place of Business:

Current Mailing Address:

1400 LAKE HEARN DRIVE
MAILSTOP CP-12 / ATTN: CORP TAX DEPT.
ATLANTA, GA 30319

New Mailing Address:

FEI Number: 58-2487265 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: COX COMM. PENSACOLA., L.L.C.
Address: 6205 PEACHTREE DUNWOODY RD
City-St-Zip: ATLANTA, GA 30328

Title: MGRM () Delete
Name: COX FLORIDA CABLE PA, RTNERS
Address: 6205 PEACHTREE DUNWOODY RD
City-St-Zip: ATLANTA, GA 30328

Title: MGRM () Delete
Name: COX - COMMUNICATIONS, FLORIDA
Address: 6205 PEACHTREE DUNWOODY RD
City-St-Zip: ATLANTA, GA 30328

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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.

SIGNATURE: PRESTON B. BARNETT

VP

03/20/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date