



**FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT
TO REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP* ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 97 NOV 12 PM 3:53 	
1. Name of Limited Partnership CABLE TV FUND 12-C, LTD.		1a. DOCUMENT # A22305			
Mailing Address 9697 E. MINERAL AVE. ENGLEWOOD CO 80112		Principal Office Address 9697 E. MINERAL AVE. ENGLEWOOD CO 80112		3. Date Formed or Registered 04/02/1986 3a. Date of Last Report 12/31/1996 4. State or Country of Formation CO 5a. Capital Contributions as Shown on record. \$23,813,000.00 5b. Amount of Capital Contributions in FLORIDA to date: \$6,900,591	
2. Mailing Address Suite, Apt. #, etc. City & State Zip Country		2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country		6. FEI Number 84-0970000 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable 7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 8. Make check payable to: Dept. of State (See reverse side for fee information)	

9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324		10. If changed, now Registered Agent/Office Name Street Address (P.O. Box Number, Apt. #, etc.) Suite, Apt. #, etc. City State Zip Code	
		0000002346913--0 -11/13/97--01095--001 ***3788.75 ***541.25 FL	

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) _____


DATE _____

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s) JONES INTERCABLE, INC.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 9697 E. MINERAL AVE.	11b. City, State & Zip Code ENGLEWOOD CO	11c. Registration/Document Number 844754
<div style="position: relative;"> ff \$541.25 OK 11/12 </div>			

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE 

DATE 11/10/97

Typed or Printed Name of General Partner Signing Form

Lorri Ellis, Assistant Secretary of Jones Intercable, Inc.

Daytime Telephone Number 303/784-8486

CR25003 (6/97)