

**FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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FILED
SECRETARY OF STATE
NOV 20 PM 2:14

1. Name of Limited Partnership	1a. DOCUMENT # A26445
JAMES CABLE PARTNERS, LIMITED PARTNERSHIP	



2. Mailing Address	2a. Principal Office Address
710 NORTH WOODWARD AVENUE SUITE 180 BLOOMFIELD HILLS MI 48304	710 NORTH WOODWARD AVENUE SUITE 180 BLOOMFIELD HILLS MI 48304
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

3. Date Formed or Registered 05/19/1988	5a. Capital Contributions as Shown on record \$4,700,000.00
3a. Date of Last Report 10/03/1997	
4. State or Country of Formation DE	5b. Amount of Capital Contributions in FLORIDA to date
6. FEI Number 38-2778219	<input type="checkbox"/> Applied For <input checked="" 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, new Registered Agent/Office
Name
Street Address (P.O. Box Number Is Not Acceptable)
Suite, Apt. #, etc.
City
FL
Zip Code

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)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number
JAMES COMMUNICATIONS PARTNER	710 NORTH WOODWARD AV	BLOOMFIELD HILLS MI	099138900033
800002886408 - 2 -05/25/93 - 01074--018 ***526.25 ***526.25			

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 12/17/98
Typed or Printed Name of General Partner Signing Form BY JAMES COMMUNICATIONS PARTNER, THE C.P., BY TRENTARY CORP, LTD., A GENERAL PARTNER, Daytime Telephone Number (248) 647-1080	

CR2E003 (8/98)