

2001 UNIFORM BUSINESS REPORT (UBR)

0018446 AF

DOCUMENT # A26445

1. Entity Name

JAMES CABLE PARTNERS, LIMITED PARTNERSHIP

FILED

01 FEB -5 AM 11:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
710 NORTH WOODWARD AVENUE
SUITE 180
BLOOMFIELD HILLS MI 48304

Mailing Address
710 NORTH WOODWARD AVENUE
SUITE 180
BLOOMFIELD HILLS MI 48304



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

38710 Woodward Avenue
Suite, Apt. #, etc.
SUITE 180
City & State
Bloomfield Hills, MI

3. Mailing Address

38710 Woodward Avenue
Suite, Apt. #, etc.
SUITE 180
City & State
Bloomfield Hills, MI

4. FEI Number

38-2778219

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record.

\$4,700,000.00

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # G99138900033
NAME JAMES COMMUNICATIONS PARTNERS
STREET ADDRESS 710 NORTH WOODWARD AVE.
CITY-ST-ZIP BLOOMFIELD HILLS MI

STREET ADDRESS 38710 Woodward Avenue, Suite 180
CITY-ST-ZIP Bloomfield Hills, MI 48304

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS 400003673134--3
CITY-ST-ZIP -02709701--01106--003
***526.25 ***526.25

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

14. 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 correct. My signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report in accordance with Florida Statutes.

SIGNATURE: [Signature]
SIGNATURE OF REGISTERED NAME OF SIGNING GENERAL PARTNER

1/24/01 (248)647-1080
Date Daytime Phone #

CR2E003 (11/00)