## FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

DOCUMENT #

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

96 DEC 30 PM 3: 25



|  | ADELPHIA CABLE COMMUNICATIONS, LTD.  |  | :   |  |  |
|--|--|--|---|--|--|
|  |  |  | $\sim$ 16   |  |  |
| Mailing Address P.O. BOX 472   | Principal Office Address   |  | 3. Date Formed or Registered 12/15/1989   | 5a. Capital Contributions as Shown on record.                                  |  |
| COUDERSPORT PA 16915   | e man de la companya | The second of th |   | \$169,098,655.00  5b. Amount of Capital Contributions in FLORIDA               |  |
| 2. Mailing Address   | 2a. Principal Office Address   | 2a. Principal Office Address   |   | to date:   |  |
| Suite, Apt. #, etc.  | Suite, Apt. #, etc.  | Suite. Apt. #, etc.  |   | Applied For Not Applicable   |  |
| City & State   | City & State   | ·  |   | \$8.75 Additional Fee Required   |  |
| Zip Country  | Zip  | Zip Country  |   | 8. Make check payable to. Dept. of State (See reverse side for fee Information |  |
| <b>9.</b> Name and Address of Cu   | rrent Registered Agent   |  | 10. If changed, new Register  | ad Agent/Office  |  |
| THE PRENTICE-HALL CORPORATION SYSTEM, INC.<br>1201 HAYS STREET, SUITE 105<br>TALLAHASSEE FL 32301  |  | 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, 105 for the purpose of changing its registered office agent. I am familiar with, and accept the obliging SIGNATURE (Registered Agent Accepting Appointment) | te or registered agent, or both, in the State of Flo<br>ations of section 620.192, Flonda Statutes.            |  | ership organized or registered under the taws of<br>age was authorized by its general partner(s). The<br>DATE | reby accept the appointment of registered                                      |  |
| A GENERAL PARTNER THA  |  | LIMITED  | PARTNERSHIP OR OTHE   |  |  |
| 11, Name(s) of General Partner(s)  | 11a. Address of Each Gener   |  | 11b. City, State & Zip Code   | 11c. Registration/<br>Decument Number  |  |
| ACP HOLDINGS, INC.   | 5 WEST THIRD STREE   | Γ  | COUDERSPORT PA 16915  | P25634   |  |
| CABLE GP, INC.   | GP, INC. 1400 CENTERPARK BLVD.   |  | WEST PALM BEACH FL 33   | P95000012820   |  |
|  |  |  | 300002<br>-01/08<br>****1   | 0506885<br>/9701043021<br>91.25 ****191.25                                     |  |
| Note: General partners MAY N   |  |  |   |  |  |

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 desmed exempt from public access. I further centify 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, Florica Statutes.

12/19/96