

**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

348.75
FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
97 JAN -7 AM 10:52
WR
1/14

1. Name of Limited Partnership

1a. DOCUMENT #
A31723

CABLE FUNDING II LIMITED PARTNERSHIP

Mailing Address

5151 REE ROAD, SUITE 106-A
COLUMBUS OH 43220

Principal Office Address

1631 N.W. PROFESSIONAL PLAZA, SUITE 205
COLUMBUS OH 43220

2. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

2a. Principal Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

3. Date Formed or Registered

06/24/1991

3a. Date of Last Report

01/08/1996

4. State or Country of Formation

FL

5a. Capital Contributions as
Shown on record.

\$30,000.00

5b. Amount of Capital
Contributions in FLORIDA
to date:

6. FEI Number

65-0271522

☐ Applied For
☒ Not Applicable

7. Certificate of Status Desired

☐ \$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

DEWEES, LEDYARD H
3100 SOUTH DIXIE HIGHWAY, APT. 17
BOCA RATON FL 33432

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 620.105-1 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)

CAB-TEL CORPORATION
WILSON, JACK A

11a. Address of Each General Partner
(Do NOT Use Post Office Box Numbers)

639 E. OCEAN AVE., #1
1921 WILLOWAY CIRCLE

11b. City, State & Zip Code

BOYNTON BEACH FL
COLUMBUS OH

11c. Registration/
Document Number

L30857

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-01/16/97--01011--006
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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

12-29-96

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

CR2E003 (6/96)