


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

LIMITED PARTNERSHIP ANNUAL REPORT 1999		 <p>FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS</p>		<p>FILED SECRETARY OF STATE DIVISION OF CORPORATIONS</p> <p>99 JAN -4 PM 2: 04</p>	
1. Name of Limited Partnership CABLE FUND XIX LIMITED PARTNERSHIP		1a. DOCUMENT # A97000002427			
Mailing Address 5151 REED ROAD, SUITE 106-A COLUMBUS OH 43220		Principal Office Address 1085 TAMARIND WAY, SW BOCA RATON FL 33486		3. Date Formed or Registered 11/06/1997 3a. Date of Last Report 04/08/1998 4. State or Country of Formation FL	
2. Mailing Address Suite, Apt. #, etc. City & State Zip Country		2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country		5a. Capital Contributions as Shown on record. \$30,000.00 5b. Amount of Capital Contributions in FLORIDA to date: \$8.75 Additional Fee Required <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable 6. FEI Number 65-0805912 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 DEWEES, LEDYARD H 1085 TAMARIND WAY, SW BOCA RATON FL 33486				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) CAB-TEL CORPORATION WILSON, JACK A		11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 1085 TAMARIND WAY, SW 5151 REED ROAD, SUITE		11b. City, State & Zip Code BOCA RATON FL 33486 COLUMBUS OH 43220	
11c. Registration/Document Number L30857		800002755078--1 -01/26/99--01055--012 *****298.75 *****298.75			
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 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 <u>12/21/98</u> Typed or Printed Name of General Partner Signing Form <u>Jack Wilson</u> Daytime Telephone Number <u>614 4425890</u>					

CR2E003 (8/98)