



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		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 99 JAN -4 PM 2: 02	
1. Name of Limited Partnership CABLE FUND XX LIMITED PARTNERSHIP		1a. DOCUMENT # A98000000327			
2. Mailing Address 5151 REED ROAD, SUITE 106-A COLUMBUS OH 43220		2a. Principal Office Address 1085 TAMARIND WAY, S.W. BOCA RATON FL 33486		3. Date Formed or Registered 02/02/1998	
				3a. Date of Last Report	
				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:	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		6. FEI Number 58-2385490	
City & State		City & State		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip		Zip		7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Country		Country		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, S.W. 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, S. 5151 REED ROAD, SUITE		11b. City, State & Zip Code BOCA RATON FL 33486 COLUMBUS OH 43220	
				11c. Registration/Document Number L30857	
300002755079--8 -01/26/99--01055--013 ****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 effect 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 12/28/98					
Typed or Printed Name of General Partner Signing Form Jack Wilson Daytime Telephone Number 614 4425890					

CF2E003 (8/98)