## 2000 UNIFORM BUSINESS REPORT (UBR)

CABLE FUND XXX LIMITED PARTNERSHIP  Principal Place of Business  Malling Address  Sist REE6 ROAD, SUITE 109-A  COLUMBUS ON 42502-555  A COLUMBUS ON 42502-555  Suite, April & etc.  Do NOT Writte In IH-IS SPACE  Type Country  Space of Business  A FEI Number  Space Address of Business  Do NOT Writte In IH-IS SPACE  A FEI Number  Space Address of Business  Do NOT Writte In IH-IS SPACE  A FEI Number  Space Address of Business  Do NOT Writte In IH-IS SPACE  A FEI Number  Space Address of Business  Type Country  Space Address of Business  Type Country  Space Address of Business  Type and Address of Business  Type Address of Business  Type and Bu	DOCUMENT # A9900000541					
## SOCA RATION R. 3042  2. Principal Place of Business  Suite, April 4, etc.  Suite, April 4, etc.  Suite, April 4, etc.  City & State  A. FEI Number of Sectors Desired  Sol 78 Additional Town Application  7. Name and Address of New Registered Agent  For Ward Application  Name  DEWES, LEDYARD H  270 NW SRD COURT  BOCA RATION FI. 33432  City FL Zio Code  8. The above named antity submits risk statement for the purpose of changing its reg stered office or registered agent, or both, in the State of Forida.  SIGNATURE  8. Capital Contributions  8. Shown no morard  8. Occipied Contributions  8. Shown no morard  \$ 30,000.00  10. Amount of Citights Contributions  8. Shown no morard  A CEMERAL PARTINER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  CONMENT (General Partines MAY NOT be changed on the form; an amendment must be title change a general partner.  CINETAL PARTINER HINFORMATION  10. Amount of Citights Contributions  11. MAKE CHECK PAYABLE TO DEPT. OF STATE  12. Contributions  13. MARKE CHECK PAYABLE TO DEPT. OF STATE  14. AMOUNT OF STATE  15. AMAZE CHECK PAYABLE TO DEPT. OF STATE  16. AMOUNT OFFI STATE  17. AMOUNT OFFI STATE  18. THE ADDRESS  CITY STATE  CONTRIBUTIONS  CITY STATE  CONT	CABLE F	FUND XXIX LIMITED PARTNERSHIP				
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City & State  Country	Principal Place of Business     3. Mailing Address			<del></del>		
Zp Country Zp Country 5. Certificate of Status Desired Status Desi	Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	
6. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  Name  DEWESS, LEDYARD H  270 NM 3RD COURT  BOCA RATON FL 33432  City  City  FL  Zip Code  6. The above named antity submits this statement for the purpose of changing its reg stered office or registered agent, or both, in the State of Florida.  Signature, Yinded printed family agent and title 1 applicable.  City  FL  Zip Code  City  FL  Zip Code  6. The above named antity submits this statement for the purpose of changing its reg stered office or registered agent, or both, in the State of Florida.  Signature, Yinded printed family agent and title 1 applicable.  City Flagurare, Yinded printed family agent and title 1 applicable.  City Flagurare, Yinded printed family agent and title 1 applicable.  City Flagurare, Yinded printed family agent and title 1 applicable.  City Flagurare, Yinded printed family agent and title 1 applicable.  City Flagurare, Yinded printed family agent and title 1 applicable.  City Flagurare, Yinded printed family agent and title 1 applicable.  City Flagurare, Yinded printed family agent and title 1 applicable.  City Flagurare, Yinded printed family agent and title 1 applicable.  City Flagurare, Yinded printed family agent and title 1 applicable.  City Flagurare, Yinded printed family agent and title 1 applicable.  City Flagurare, Yinded printed family agent and title 1 applicable.  City Flagurare, Yinded printed family agent and title 1 applicable.  City Flagurare, Yinded printed family agent and title 1 applicable.  City Flagurare, Yinded printed family agent and title 1 applicable.  City Flagurare, Yinded printed family agent and title 1 applicable.  City Flagurare, Yinded printed family agent and title 1 applicable.  City Flagurare, Yinded printed family agent and title 1 applicable.  City Flagurare, Yinded printed family agent and title 1 applicable.  City Flagurare, Yinded printed family agent and title 1 applicable.  City Flagurare, Yinded printed family agent and title 1 applicable.  City	City & State				58-2458300 Not Applicable	
DEWEES, LEDYARD H 270 NW 3RD COURT BOCA RATON FL 33432  City FL Zip Code  8. The above named entity submits this statement for the purpose of changing its reg stered office or registered agent, or both, in the State of Florida.  SIGNATURE  9. Capital Contributions \$30,000.00 In Floridation (NOTE Registered Agent gignature recurse when strature)  9. Capital Contributions as Shown on record.  \$30,000.00 In Floridation (Original Contributions)  10. ACRINERAL PARTINER 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 filled to change a general partner.  12. GENERAL PARTNER INFORMATION  13. ADDRESS CHANGES ONLY  14. ADDRESS CHANGES ONLY  15. ADDRESS CHANGES ONLY  16. Capital Contributions  16. Capital Contributions  17. ADDRESS CHANGES ONLY  18. ADDRESS CHANGES ONLY  19. Capital Contributions  19. ADDRESS CHANGES ONLY  10. ADDRESS CHANGES ONL				Country	Fee Required	
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8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida.  SIGNATURE  Signature, howed or primate name of registered agent and title if explicable.  10. Amount of Capital Contributions as Shown on record.  30.000.00  10. Amount of Capital Contributions as Shown on record.  A GENERAL PARTINER 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 filled to change a general partner.  12. GENERAL PARTNER INFORMATION  13. ADDRESS CHANGES ONLY  14. ADDRESS CHANGES ONLY  15. ADDRESS CHANGES ONLY  16. ADDRESS CHANGES ONLY  17. ST-2P  18. STREET ADDRESS  18. ADDRESS CHANGES ONLY  19. ADDRESS ONLY  19.	BOCA RATON FL 33432			City	City FI Zip Code	
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