


2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

DOCUMENT # B00000000386 1. Entity Name COMCAST OF FLORIDA, LP						<div style="transform: rotate(-15deg);"> FILED 05 APR 29 PM 5:46 SECRETARY OF STATE TALLAHASSEE, FLORIDA </div>	
Principal Place of Business 1500 MARKET ST. PHILADELPHIA, PA 19102-2148 US				Mailing Address 1500 MARKET ST. PHILADELPHIA, PA 19102-2148 US			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
4. FEI Number 84-1047253				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.				Signature _____ DATE _____			
9. Capital Contributions as Shown on record. \$10,000.00				10. Amount of Capital Contributions in FLORIDA to date. \$10,000.00		\$158.75	
A GENERAL PARTNER 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 filed to change a general partner.							
12. GENERAL PARTNER INFORMATION				13. ADDRESS CHANGES ONLY			
DOCUMENT #	F00000007102			STREET ADDRESS			
NAME	DISTRICT CABLEVISION, INC.			CITY-ST-ZIP			
STREET ADDRESS	1500 MARKET STREET			CITY-ST-ZIP			
CITY-ST-ZIP	PHILADELPHIA, PA 191022148			CITY-ST-ZIP			
DOCUMENT #				STREET ADDRESS			
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CITY-ST-ZIP				CITY-ST-ZIP			
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes							
SIGNATURE: <u>C. S. Backstrom</u>				C. STEPHEN BACKSTROM, VP			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER				Date <u>4/27/05</u> Daytime Phone # <u>215-981-7557</u>			

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