

**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By September 8, 2004**

**FILED**


04 JUL 21 AM 11:08

SECRETARY OF STATE  
 TALLAHASSEE FLORIDA

MJH

**DOCUMENT # B02000000032**

1. Entity Name  
 TW TELECOM L.P.



Principal Place of Business: 10475 PARK MEADOWS DRIVE, LITTLETON, CO 80124


Mailing Address: 10475 PARK MEADOWS DRIVE, LITTLETON, CO 80124

2. Principal Place of Business: Suite, Apt. #, etc.

3. Mailing Address: Suite, Apt. #, etc.

City & State

Zip Country



07012004 Chg-LP CR2E003 (10/03) 7/21

4. FEI Number: 01-0548323 Applied For Not Applicable

5. Certificate of Status Desired  \$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 FL Zip Code

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record: \$40.00

10. Amount of Capital Contributions in FLORIDA to date.

In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.

**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 #	F93000000774	STREET ADDRESS	
NAME	TIME WARNER TELECOM HOLDINGS, INC.	CITY-ST-ZIP	
STREET ADDRESS	10475 PARK MEADOWS DRIVE		
CITY-ST-ZIP	LITTLETON, CO 80124		
DOCUMENT #		STREET ADDRESS	300039948593
NAME		CITY-ST-ZIP	08/06/04--01035--017 **141.25
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CITY-ST-ZIP			

STAPLE CHECK HERE

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: Tina Davis 7-7-04 303-566-1279

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

Tina Davis, VP and Deputy General Counsel of