## 2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

Due by may 1, 2007									
DOCUMENT # B06000000279						FILE	Ŋ		
Entity Name     PARNASSOS COMMUNICATIONS, L.P.					· · ====				
PARMAGGOG COMMUNICATIONS, E.F.				07 MAY 18 AM 9: 42					
Principal Place of Business Mailing Address					SECRETARY OF STATE TALLAHASSEE, FLORIDA				
C/O ADELPHIA COMMUNICATIONS CORP. C/O ADELPHIA COMMUN			MICATION	IS CUDD	ŢΔ	LLAHASSEE	, ELURIU	А	
5619 DTC P/		5619 DTC PARKWAY							
GREENWOOD VILLAGE, CO 80111 GREENWOOD VILLAGE, CO				11		11 - 11			
2 Principal D	Mace of Business - No P.O. Box #		<del></del>						
1500	MARKET ST	3. Mailing Address 1500 MARKET ST Suite, Apt. #, etc.					8		
Suite, Apt.	#, etc. DEPT	TAX DEPT			04192007	Chg-LP	CR2E003	(12/06)	
City & Stat		City & State			4. FEI Number			Applied For	
PHIL	ADELPHIA PA	PHILADELPHIA PA				25-1828176	<u> </u>	Not Applicable	
Ζiρ 191	02 Country USA	Zip 10102	Zip Country 19102		5. Certificate of Status Desired \$8.75 Additional				
131	6. Name and Address of Currer			USA	7. Name and Address of New Registered Agent				
	G. Name and Address of Curren		Name						
CTCORP	ORATION SYSTEM								
	TH PINE ISLAND ROAD		Street Address (P.O. Box Number is Not Acceptable)						
PLANTATI	ION, FL 33324								
				City			T	Zip Code	
				·			FL		
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									
Signature, yiped or printed name of registered agent and title if applicable.  DATE									
FILE NOW!!! FEE IS \$500.00 After May 1, 2007, Fee will be \$900.00									
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									
OCUMENT #	1 100								
NAME	COMCAST CABLE HOLDINGS, LLC			ET ADDRESS	100103607991 				
STREET ADDRESS	7000 100 100 100 100 100 100 100 100 100			TY-ST-ZIP					
PHILADELPHIA, PA 19102									
VAME					EET ADDRESS				
STREET ADDRESS	, and the second			OFF OF 710					
CITY-ST-ZIP	PHILADELPHIA, PA 19102			CITY-ST-7IP					
OCCUMENT # SMAV		STRE	ET ADDRESS						
STREET ADDRESS									
TNAMUDOC			STRF.	FT ADORESS					
NAME STREET ADDRESS									
CITY-ST-ZIP			СПҮ	ST ZIP					
DOCUMENT #				ET ADDRESS					
VAME				ET ADDRESS					
STREET ADORESS CITY+ST-71P			CSTY-	ST-ZIP				i	
TOCUMENT #  SMAV			STRE	FT ADORESS					
STREET ADDRESS CITY-ST-ZIP				ST-ZIP	OX				
14. If hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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 it made under oath; that if 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:									
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Dayline Phone #									