

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
 07 MAY 18 AM 9:42
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # B06000000280 1. Entity Name COMCAST OF FLORIDA/PENNSYLVANIA, L.P.					
Principal Place of Business C/O ADELPHIA COMMUNICATIONS CORP. 5916 DTC PARKWAY, SUITE 800 GREENWOOD VILLAGE, CO 80111			Mailing Address C/O ADELPHIA COMMUNICATIONS CORP. 5916 DTC PARKWAY, SUITE 800 GREENWOOD VILLAGE, CO 80111		
2. Principal Place of Business - No P.O. Box # 1500 MARKET ST Suite, Apt. #, etc. TAX DEPT		3. Mailing Address 1500 MARKET ST Suite, Apt. #, etc. TAX DEPT			
City & State PHILADELPHIA, PA		City & State PHILADELPHIA, PA		4. FEI Number 25-1828170	
Zip 19102 Country USA		Zip 19102 Country USA		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 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 _____ <small>Signature, typed or printed name of registered agent and file if applicable.</small>					
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		
DOCUMENT #	B06000000279		STREET ADDRESS	1500 MARKET ST	
NAME	PARNASSOS COMMUNICATIONS, L.P.		CITY-ST-ZIP	PHILADELPHIA, PA 19102	
STREET ADDRESS	5619 DTC PARKWAY, SUITE 800		200103608062 05/31/07--01027--005 **500.00		
CITY-ST-ZIP	GREENWOOD VILLAGE, CO 80111				
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14. I hereby certify that the information supplied with this filing 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 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: C. Stephen Backstrom, VP
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date 4/23/07

215-981-7557
Daytime Phone #