## 2008 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2008

FILED SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # B0600000466  1. Entity Name COMCAST OF FLORIDA, LP						1- YAH 80	PM 1:	28	
Principal Place of Business Mailing Address				•					
		1500 MARKET STREET PHILADELPHIA, PA 191	PHILADELPHIA, PA 19102						
Principal Place of Business - No P.O. Box #     3. Mailing Address     1701 JOHN F KENNEDY BLVD     1701 JOHN F KE			NEDY BLVD						
Suite, Apt. #, etc. TAX DEPT		Suite, Apt. #, etc. TAX DEPT		04152008	Chg-LP	CR2E00	3 (12/06)		
City & State		City & State		4. FEI Number			Applied For		
PHILADELPHIA PA  Zip Country		PHILADELPHIA PA  Zip Country		84-1047	253		Not Applicable		
19103-2838 USA		19103-2838 US		USA	5. Certificate of	of Status Desired		8.75 Additional ee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent Name					
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				Sireet Address (P.O. Box Number is Not Acceptable)					
				- Control of the fact of the f					
			-	City	Zip Code				
The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.									
SIGNATURE ————————————————————————————————————									
Signature, typed or printed name of registered agent and title (*applicable. DATE  FILE NOW!!! FEE IS \$500.00									
After May 1, 2008, Fee will be \$900.00  A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.									
	A GENERAL PARTNER T NOTE: General Partners MA	JST BE REG an amendn	SISTERED AND AG nent must be filed	CTIVE WITH TH I to change a ge	IS OFFICE. eneral parts	ner.			
12.						ADDRESS CHA			
DOCUMENT ? NAME	F05000007560  COMCAST CABLE COMMUNICATIONS HOLDINGS,INC.			T ADDRESS	1701 JOHN F KENNEDY BLVD				
STREET ADDRESS CITY-ST-ZIP	1500 MARKET STREET PHILADELPHIA, PA 19102			51-21P PI	HILADELPHIA P	ADELPHIA PA 19103-2838			
DOCUMENT # NAME			STREET	T ADDRESS	·				
STREET ADDRESS CITY-ST-ZIP			CITY-S	ST- ZIP	<b>4.0</b> 04/30,	400127247344 04/30/0801011009 **500.00			
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STREET ADDRESS CITY-ST-ZIP			CITY-S	57- ZIP	-				
DOCUMENT #		, ,	STREET	ADDRESS					
STREET ADDRESS City-St-Zip			CITY-S	17-ZIP					
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 firnited 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 SIGNANG GENERAL PARTNER

C. STEPHEN BACKSTROM, VP

4/21/08

215 296 7557

Daytime Phone #