

B95000000119

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

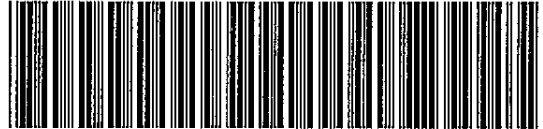
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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BK

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

04 MAY 14 PM 1:04

RECEIVED



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032
REFERENCE : 641230 7389086
AUTHORIZATION : *Patricia Pizute*
COST LIMIT : \$ 35.00

ORDER DATE : May 12, 2004
ORDER TIME : 11:21 AM
ORDER NO. : 641230-185
CUSTOMER NO: 7389086

CUSTOMER: Patty Conroy
Adelphia Communications
Suite 800
5619 Dtc Parkway
Greenwood Villa, CO 80111

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CHANGE OF AGENT

NAME: WEST BOCA ACQUISITION LIMITED
PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Heather Chapman

LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH

Pursuant to the provisions of sections 620.105 and 620.1051, Florida Statutes, the undersigned limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

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1. WEST BOCA ACQUISITION LIMITED PARTNERSHIP
Name of the limited partnership

2. 03/30/1995 Date of filing/registration in Florida

3. B95000000119 Document number assigned

4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

C T Corporation System
Name

1200 South Pine Island Road
Address

Plantation, FL 33324
City, State and Zip

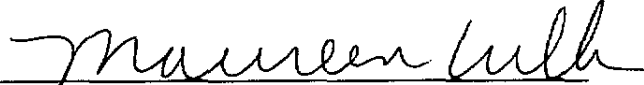
5. The name and address of the new registered agent and/or office:

Corporation Service Company
Name

1201 Hays Street
Florida street address (P.O. Box **not** acceptable)

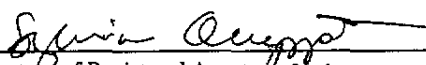
Tallahassee FL 32301
City, State and Zip

6. Such change(s) was/were authorized by the general partners.


Signature of General Partner

Maureen Cullen, Attorney in Fact
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the limited partnership has been notified in writing of this change.

Corporation Service Company


Signature of Registered Agent Sylvia Queppet, Asst. Vice President

**Make checks payable to Florida Department of State and mail to:
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
Filing Fee: \$35.00**