


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 MAR 15 AM 10:30

DOCUMENT # B99000000184 1. Entity Name US CABLE HOLDINGS, L.P.		
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Principal Place of Business 28 WEST GRAND AVENUE MONTVALE, NJ 07645	Mailing Address 28 WEST GRAND AVENUE MONTVALE, NJ 07645
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



03042004 Chg-LP CR2E003 (10/03)

4. FEI Number 22-3672223	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525		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. \$27,000.00	10. Amount of Capital Contributions in FLORIDA to date:
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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 #	F97000003185	STREET ADDRESS	
NAME	US CABLE OF LAKE FOREST, INC.	CITY-ST-ZIP	
STREET ADDRESS	28 WEST GRAND AVENUE		
CITY-ST-ZIP	MONTVALE, NJ 07645		
DOCUMENT #		STREET ADDRESS	200031752782
NAME		CITY-ST-ZIP	04/02/04--01063--001 **277.75
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STREET ADDRESS			
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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER	03-08-05 Date	2183900 Daytime Phone #
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