


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.



Principal Place of Business
 28 WEST GRAND AVENUE
 MONTVALE, NJ 07645

Mailing Address
 28 WEST GRAND AVENUE
 MONTVALE, NJ 07645


2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 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

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE, FL 32301-2525

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 _____

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.

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

DOCUMENT #	F97000003185
NAME	US CABLE OF LAKE FOREST, INC.
STREET ADDRESS	28 WEST GRAND AVENUE
CITY-ST-ZIP	MONTVALE, NJ 07645
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY

STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	200031752782
CITY-ST-ZIP	04/02/04--01063--001 **277.75
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

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: *Galk* Date: 03-08-05 Daytime Phone #: 2193900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

STAPLE CHECK HERE