


2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT

**FILED**  
**Feb 01, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # M01000000801</b> 1. Entity Name ADELPHIA PINELLAS COUNTY, LLC	
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Principal Place of Business 5619 DTC PARKWAY, SUITE 800 GREENWOOD VILLAGE, CO 80111	Mailing Address 5619 DTC PARKWAY, SUITE 800 GREENWOOD VILLAGE, CO 80111
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**DO NOT WRITE IN THIS SPACE**

01072005No Chg-LLC CR2E083 (10/03)

4. FEI Number 25-1817430	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fees Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

Filing Fee is \$50.00  
Due by May 1, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR FT. MYERS CABLEVISION, LLC 5619 DTC PARKWAY, SUITE 800 GREENWOOD VILLAGE, CO 80111
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02/02/05-80010-014 50.00

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11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

Adelphia Pinellas County, LLC, By: ACC Operations, Inc., its sole Member

**SIGNATURE:** *Kathy L. Waterman* Kathy L. Waterman, Assistant Secretary 1-10-2005 (303) 268-6300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #