


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 19, 2006 8:00 am
Secretary of State

07-19-2006 90093 041 ****50.00

DOCUMENT # M05000000729					
1. Entity Name TWE HOLDING II LLC					
Principal Place of Business C/O TIME WARNER CABLE 290 HARBOR DRIVE STAMFORD, CT 06902			Mailing Address C/O TIME WARNER CABLE 290 HARBOR DRIVE STAMFORD, CT 06902		
2. Principal Place of Business		3. Mailing Address 7800 Crescent Executive Dr.			
Suite, Apt. #, etc.		Suite, Apt. #, etc. Ste 516			
City & State		City & State Charlotte, NC			
Zip	Country	Zip	Country	04112006 Chg-LLC CR2E083 (11/05) 28217 USA	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				4. FEI Number 20-2298550 Applied For Not Applicable	
7. Name and Address of New Registered Agent				5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
Name				City	
Street Address (P.O. Box Number is Not Acceptable)				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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
Filing Fee is \$50.00 Due by May 1, 2006			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM TIME WARNER CABLE INC 290 HARBOR DRIVE STAMFORD, CT 06902 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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11. 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 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.					
SIGNATURE: <u>Ellen Alderdice</u>			4/25/06 704-731-3000 Date Daytime Phone #		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					