

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90045 050 ****50.00

DOCUMENT # M05000006867

1. Entity Name
COMCAST IP PHONE II, LLC



Principal Place of Business
1500 MARKET STREET
PHILADELPHIA, PA 19102

Mailing Address
1500 MARKET STREET
PHILADELPHIA, PA 19102

DO NOT WRITE IN THIS SPACE



04172006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
86-1152369

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

**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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	COMCAST CABLE COMMUNICATIONS HOLDINGS, INC
STREET ADDRESS	1500 MARKET STREET
CITY-ST-ZIP	PHILADELPHIA, PA 19102

TITLE	
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CITY-ST-ZIP	

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CITY-ST-ZIP	

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IN THIS SPACE**

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: *C. S. Backstrom*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

C. STEPHEN BACKSTROM

Date

Daytime Phone #

4/26/06 215-981-7557