

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 26, 2007 08:00 AM
Secretary of State

DOCUMENT # M06000003782

1. Entity Name
TCI ADELPHIA HOLDINGS, LLC



Principal Place of Business
1500 MARKET STREET
PHILADELPHIA, PA 19102

Mailing Address
1500 MARKET STREET
PHILADELPHIA, PA 19102



04122007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 84-1451914	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TCI EVANGOLA, INC. 1500 MARKET STREET PHILADELPHIA, PA 19102
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TCI NEW YORK HOLDINGS, INC. 1201 MARKET STREET, SUITE 1000 WILMINGTON, DE 19801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TCI OHIO HOLDINGS, INC. 1500 MARKET STREET PHILADELPHIA, PA 19102
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TCI PENNSYLVANIA HOLDINGS, INC. 1500 MARKET STREET PHILADELPHIA, PA 19102
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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05/10/07-80043-008 50.00

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: _____

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

C. STEPHEN BACKSTROM

Date

Daytime Phone #

4/23/07 215-981-7557