APR 16 '97 04:30PM PARAGON CABLE DIV P.2

FILE NOW: Fee after May 1, will be $588.75

LIMITED LIABILITY COMPANY
ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
97 JUN -6 PM 3:11
SECRETARY OF STATE
TALLAHASSEE FLORIDA

FILING FEE $ 203.75 — Annual Report $100.00 + $103.75 Corporation Supplemental Fee
Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company — **DOCUMENT #** M96000000298

TIME WARNER CABLE SECURITY SYSTEMS, L.L.C.
Time Warner Cable - Tax Dept. 55
5680 Greenwood Plaza Blvd., 4th Flr.
P. O. Box 6700
Englewood, CO 80155-6700

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.

1a. Principal Place of Business Address
2600 MCCORMICK DRIVE, SUITE 2
CLEARWATER FL 34619

2. Principal Place of Business	2a. Mailing Address
300 First Stamford Place	c/o TWC Tax Dept
Suite, Apt. #, etc.	Suite, Apt. #, etc. P. O. Box 6700
City & State: Stamford CT	City & State: Englewood CO
Zip: 06902 Country:	Zip: 80155-6700 Country:

3. Date Organized or Qualified: 08/08/1996
3a. State of Formation: DE
4. FEI Number: 84-1353403 APPLIED FOR
☐ Applied For
☐ Not Applicable
5. Date of Last Report:
6. Certificate of Status Desired: $8.75 Additional Fee Required ☐

7. Name and Address of Current Registered Agent

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

8. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, etc.
City FL Zip Code

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE ______________________ DATE ____________
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	MUNLEY, MICHAEL	2600 MCCORMICK DRIVE, SUIT	CLEARWATER FL

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-06/10/97--01018--002
****203.75 ****203.75

11. I do 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 annual 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; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE: [signature] Vice President 5/27/97 (315)433-0044
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER — Date — Daytime Phone #

INHSE10 R(12-96)