## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT # M97000000893

1. Entity Name MEDIACOM NEW YORK LLC



FILED Apr 14, 2006 08:00 AN Secretary of State

Principal Place of Business

100 CRYSTAL RUN RD ATTN TAX DEPT MIDDLETOWN, NY 10941 Mailing Address

100 CRYSTAL RUN RD ATTN TAX DEPT MIDDLETOWN, NY 10941



## DO NOT WRITE IN THIS SPACE

01042006 No Chg-LLC CR2

CR2E083 (11/05)

4. FEI Number Applied For 06-1433421 Not Applied be

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

LEXIS DOCUMENT SERVICES INC. 1201 HAYS STREET TALLAHASSEE, FL 32301

## DO NOT WRITE IN THIS SPACE

	tions of registered agent.	· · · · · · · · · · · · · · · · · · ·	
SIGNATURE.	Signature, typed or printed name of registered agent and title if applicable (fi	OTE Registered Agent signature required when reinstaling)	DATE
F	iling Fee is \$50.00 ue by May 1, 2006		04/28/06-80026-013 50.00
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO COMMISSO, ROCCO B 100 CRYSTAL RUN RD MIDDLETOWN, NY 10941		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO	NOT WRITE
TITLE NAME STREET ADDRESS CUTY- ST- 7IP		IN .	THIS SPACE

8. The above named entity submits this statement for the number of changing its registered affice or registered agent, or both in the State of Florida. Lam familiar with, and accent

11. I hereby certify that the information supplied with this filling 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:	B-	L.	ري	~

TITLE

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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

15/06

845-695-2600

Davtme Phone