


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 21, 2008 08:00 A
Secretary of State

DOCUMENT # M00000000576 1. Entity Name USCARRIER TELECOM, LLC	
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Principal Place of Business 180 INTERSTATE NORTH PARKWAY, SUITE 200 ATLANTA, GA 30339	Mailing Address 180 INTERSTATE NORTH PARKWAY, SUITE 200 ATLANTA, GA 30339
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DO NOT WRITE IN THIS SPACE



04112008No Chg-LLC CR2E083 (12/07)

4. FEI Number 58-2325043	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE, FL 32301-2525

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

U00000908211
 05/06/08-80020-019 138.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR AMERICAN FIBER SYSTEMS % DAVE DANCAK 100 MERIDIAN CTRSTE 250 ROCHESTER, NY 14818
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SOLOMON, TEDDY 101 MERCER STREET ALMA, GA 31510
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BRANTLEY TELEPHONE COMPANY, INC. 112 E CLEVELAND STREET NAHUNTA, GA 31553
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BULLOCH CELLULAR, INC. 601 NORTHSIDE DRIVE WEST STATESBORO, GA 30458
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CITIZENS TELEPHONE COMPANY, INC. 134 N BAILEY AVENUE LESLIE, GA 31764
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR COASTAL COMMUNICATIONS, INC. 100 RYON AVENUE 31310 HINESVILLE, GA 30136

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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: 

4/19/08 678 484 1400