

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000023493

FILED  
Apr 30, 2009  
Secretary of State

Entity Name: KT FIBER SOLUTIONS, LLC

**Current Principal Place of Business:**

12771 METRO PARKWAY  
SUITE #7  
FT. MYERS, FL 33912

**New Principal Place of Business:**

2051 TRADE CENTER WAY  
NAPLES, FL 34109

**Current Mailing Address:**

12771 METRO PARKWAY  
SUITE #7  
FT. MYERS, FL 33912

**New Mailing Address:**

2051 TRADE CENTER WAY  
NAPLES, FL 34109

FEI Number: 20-5846250

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HL STATUTORY AGENT, INC.  
800 LAUREL OAK DRIVE  
#600 M&I BUILDING  
NAPLES, FL 34108 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: THE SHORELINE GROUP  
Address: 2051 TRADE CENTER WAY  
City-St-Zip: NAPLES, FL 34109 US

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: LIPPERT, L D  
Address: 2051 TRADE CENTER WAY  
City-St-Zip: NAPLES, FL 34109 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: L D LIPPERT

MGR

04/30/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date