	D LIABILITY COMPANY NNUAL REPORT 1999	NT OF STATE larris State ORATIONS							
FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE 1. Name and Mailing Address of Limited Liability Company DOCUMENT # L96000000506					SECRE DA	SEE PEO			
LIGHTNING LINK COMMUNICATIONS, L.C. 621 LAKEVIEW ROAD B CLEARWATER FL 34616					1a. Principal Place of Business Address 621 LAKEVIEW ROAD B CLEARWATER FI. 34616				
/ 4 Suite, Apt	H	Suite, Apt. #, etc	OLF-TO BA		3. Date Organize 05/07/1 4. FEI Number 59-3377 5. Date of Last R 05/01/1	.996 7070 eport	FL 6. Certifica	Applied For Not Applicable ale of Status Desired (ona) Fee Regulard	
7. Name and Address of Current Registered Agent WHITE, STEWART 951 CORTLAND WAY PALM HARBOR FL 34683				8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc City Zip Code					
its register	int to the provisions of Sections 608.41 red office or registered agent, or both, in red agent, and accept the obligations						ement for the		
SIGNATURE					A prostation and a sept				
10. Title	Managing Members/Manag		Business Street Address /433 CULF TO BAYBLEA -STC # 951 CORTLAND WAY			City, State and Zip Code CLEMUMEN, FL 33755 PALM HARBOR FL			
MEM	WHITE CLOUD NIN	E VENTO 30	00 S. FC	URTH ST	·				
indicated o	reby certify that the information supplied on this annual report is true and accura bility company or the receiver or trustee	e and that my signati	ure shall have the	same legal effec	Section 119 07(3) (i), F t as il made under oath	ionda Statutes . that I am a ma	Ifurther cert	ber or manager of the	

SIGNATURE: