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2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M01000001773

1. Entity Name
AT&T COMMUNICATIONS OF THE SOUTHERN STATES, LLC



FILED
 06 MAY -3 PM 4: 20
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address

**ONE AT&T WAY, ROOM 4A235
 BEDMINSTER, NJ 07921** **ONE AT&T WAY, ROOM 4A235
 BEDMINSTER, NJ 07921**



04262006No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 22-3832814	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

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

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

700074511677
~~05/12/06 01015 029 **3450.00~~

**Filing Fee is \$50.00
 Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS ROSANDER, C. STEPHEN ONE AT&T WAY ROOM 4A211 BEDMINSTER, NJ 07921
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS SINTON, RICHARD J ONE AT&T WAY ROOM 4A209 BEDMINSTER, NJ 07921
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AST STUHR, BRIAN E ONE AT&T WAY BEDMINSTER, NJ 07921
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS THOMSON, JOHN W ONE AT&T WAY BEDMINSTER, NJ 07921
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS TIFFIN, DAVID E ONE AT&T WAY BEDMINSTER, NJ 07921
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AST DUAH, ANTOINETTE A ONE AT&T WAY ROOM 4A235 BEDMINSTER, NJ 07921

09/3/09

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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: _____ *Ke* _____ **4/27/06** **(908) 234-8905**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #