


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 28, 2006 8:00 am**  
**Secretary of State**

02-28-2006 90179 011 \*\*\*\*50.00

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<b>DOCUMENT # M01000002062</b> 1. Entity Name <b>GTE.NET LLC</b>					
Principal Place of Business <b>600 HIDDEN RIDGE IRVING, TX 75038</b>			Mailing Address <b>1717 ARCH ST. 15TH FLOOR PHILADELPHIA, PA 19103</b>		
2. Principal Place of Business <b>4055 Corporate Drive</b> Suite, Apt. #, etc. <b>#400</b>		3. Mailing Address Suite, Apt. #, etc. <b>21st Floor</b>		02022006    Chg-LLC    CR2E083 (11/05)	
City & State <b>Grapevine TX</b>		City & State 		4. FEI Number <b>04-3506728</b>	
Zip <b>76051</b>		Country <b>US</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>				7. Name and Address of New Registered Agent Name  Street Address (P.O. Box Number is Not Acceptable)  City 	
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 _____ (NOTE: Registered Agent signature required when reinstating)      DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS / MANAGERS</b>			<b>10. ADDITIONS / CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR VERSES, JUDY K 1880 CAMPUS COMMONS DRIVE RESTON, VA 20191</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR DROST, MARIANNE 1095 AVENUE OF THE AMERICAS NEW YORK, NY 10036</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR GARRILY, JANET-M 3900 WASHINGTON STREET WILMINGTON, DE 19802</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR CRAIN, JANA L 1717 ARCH ST 15TH FLR PHILADELPHIA, PA 19103</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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.					
<b>SIGNATURE:</b> <u>Jana L. Crain</u> <b>JANA L. CRAIN, VICE PRES-TAXES</b> 2/10/06    215-466-4185 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #</small>					