

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M01000002661

FILED
Jan 19, 2009
Secretary of State

Entity Name: CSX FIBER NETWORKS, LLC

Current Principal Place of Business:

500 WATER STREET
JACKSONVILLE, FL 32202

New Principal Place of Business:

500 WATER STREET C160
JACKSONVILLE, FL 32202

Current Mailing Address:

500 WATER STREET
JACKSONVILLE, FL 32202

New Mailing Address:

500 WATER STREET C160
JACKSONVILLE, FL 32202

FEI Number: 59-3737998

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: MGR () Delete
Name: CSX FIBER NETWORKS H, OLDINGS, INC.
Address: 500 WATER STREET J-160
City-St-Zip: JACKSONVILLE, FL 32202

Title: EVP () Delete
Name: CROSBY, STEPHEN A
Address: 500 WATER STREET
City-St-Zip: JACKSONVILLE, FL 32202

Title: VPT () Delete
Name: BOOR, DAVID A
Address: 500 WATER STREET
City-St-Zip: JACKSONVILLE, FL 32202

Title: VPCS () Delete
Name: ARMBRUST, STEVE C
Address: 500 WATER STREET
City-St-Zip: JACKSONVILLE, FL 32202

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: CSX FIBER NETWORKS H, OLDINGS, INC.
Address: 500 WATER STREET C160
City-St-Zip: JACKSONVILLE, FL 32202

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: ARMBRUST, STEVE, C

VPCS

01/19/2009

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