## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT # M01000002859

BOWLIN COMMUNICATIONS, LLC

FILED
May 01, 2006 08:00 Al
Secretary of State

Principal Place of Business 12200 CHANDLER DRIVE WALTON, KY 41094

TITLE NAME STREET ADDRESS CITY-ST-ZIP Mailing Address

12200 CHANDLER DRIVE WALTON, KY 41094



DO NOT WRITE IN THIS SPACE

01032006No Chg-LLC CR

CR2E083 (11/05)

4. FEI Number 61-1357413

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301

## DO NOT WRITE IN THIS SPACE

8. The above the obligat	named entity submits this statement for the purpose of challons of registered agent.	anging its registere	d office or registered agent, or bo	th, in the State of Florida. I am familiar with, and accept	
SIGNATURE.					
Signature, typed or printed name of registered agent and fille if applicable.		(NOTE, Registered Agent signature required when reinstating)		DATE	
Fi D	iling Fee is \$50.00 ue by May 1, 2006				
9.	MANAGING MEMBERS/MANAGERS		· · · · · · · · · · · · · · · · · · ·		
TITLE	MGR		_ *	<del>.</del>	
NAME	BOWLIN, BLEVINS				
STREET ADDRESS	12200 CHANDLER DRIVE				
CITY-ST-ZIP	WALTON, KY 41094			U00000546434	
TITLE	MGR			05/11/06-80115-015 50.00	
NAME	BOWLIN, KERRY S				
STREET ADDRESS	12200 CHANDLER DR				
CITY-ST-ZIP	WALTON, KY 41094				
TITLE			·		
NAME					
STREET ADDRESS			DO.	NOT WRITE	
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STREET ADDRESS					
CITY-ST-ZIP			·		

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:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/17/06

859/485-6922

Daytime Phone #