

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M02000000447

FILED  
Jul 03, 2006  
Secretary of State

**Entity Name:** SOURCE ONE NETWORK SOLUTIONS, LLC

**Current Principal Place of Business:**

5940 SEMINOLE CENTRE COURT  
SUITE # 300  
FITCHBURG, WI 53711

**New Principal Place of Business:**

5831 SCHUMAN DRIVE  
FITCHBURG, WI 53711

**Current Mailing Address:**

5940 SEMINOLE CENTRE COURT  
SUITE # 300  
FITCHBURG, WI 53711

**New Mailing Address:**

P. O. BOX: 5343  
MADISON, WI 53705

FEI Number: 39-2007536      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

SOURCE ONE NETWORK SOLUTIONS  
5893-B ENTERPRISE PARKWAY  
FORT MYERS, FL 33905 US

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: KIRAN SHRESTHA

07/03/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: BOND, RICHARD A  
Address: 5831 SCHUMANN DR  
City-St-Zip: MADISON, WI 53718

**ADDITIONS/CHANGES:**

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

I hereby certify that the information supplied with this filing does not qualify for the 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: RICHAR BOND

MGR

07/03/2006

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