2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 30, 2006 08:00 AM
Secretary of State

DOCUMENT # M03000004139

1. Entity Name
LIGHTYEAR NETWORK SOLUTIONS, LLC

Principal Place of Business
1901 EASTPOINT PARKWAY
LOUISVILLE, KY 40223

Mailing Address
1901 EASTPOINT PARKWAY
LOUISVILLE, KY 40223

03142006No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
38-3693425
Applied For
Not Applicable

5. Certificate of Status Desired ☐ **$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) DATE

Filing Fee is $50.00
Due by May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	RICE, W. BRENT
STREET ADDRESS	1901 EASTPOINT PKWY
CITY-ST-ZIP	LOUISVILLE, KY 40223
TITLE	MGR
NAME	HENDERSON, SHERMAN J
STREET ADDRESS	1901 EASTPOINT PKWY
CITY-ST-ZIP	LOUISVILLE, KY 40223
TITLE	MGR
NAME	SULLIVAN, CHRIS
STREET ADDRESS	1901 EASTPOINT PKWY
CITY-ST-ZIP	LOUISVILLE, KY 40223
TITLE	MGR
NAME	DEES, RICK
STREET ADDRESS	1901 EASTPOINT PKWY
CITY-ST-ZIP	LOUISVILLE, KY 40223
TITLE	MGR
NAME	CARMICLE, RONALD
STREET ADDRESS	1901 EASTPOINT PKWY
CITY-ST-ZIP	LOUISVILLE, KY 40223
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

100000048497I
04/12/06-80065-005 50.00

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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: _____ 3/21/06 (502)244-6666
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #