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	Mailing Address
1901 EASTPOINT PARKWAY LOUISVILLE, KY 40223	1901 EASTPOINT PARKWAY LOUISVILLE, KY 40223

DO NOT WRITE IN THIS SPACE

03142006No Chg-LLC CR2E083 (11/05)

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	

100000048497
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: David W Rush 3/21/06 (502)244-6666
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #