


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jun 08, 2007 08:00 A
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
---	---

DO NOT WRITE IN THIS SPACE



05232007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 38-3693425	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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	DO NOT WRITE IN THIS SPACE
--	---------------------------------------

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

**Filing Fee is \$50.00
Due by September 14, 2007**

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

U000000766073
06/08/07-80082-009 50.00

**DO NOT WRITE
IN THIS SPACE**

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: Edmund D. Busch 5/24/07 502.244.666
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #