

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M04000001718

FILED
Apr 25, 2006
Secretary of State

Entity Name: Z-TEL CONSUMER SERVICES, LLC

Current Principal Place of Business:

100 BROOKWOOD RD
ATMORE, AL 36502

New Principal Place of Business:

Current Mailing Address:

ATTN: TORA NEIL
601 S. HARBOUR ISLAND BLVD., STE 220
TAMPA, FL 33602

New Mailing Address:

FEI Number: 58-2573054 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: PMGR () Delete
Name: SLAUSON, MICHAEL
Address: 100 BROOKWOOD RD
City-St-Zip: ATMORE, AL 36502

Title: VMGR () Delete
Name: GRILLO, FRANK M
Address: 100 BROOKWOOD ROAD
City-St-Zip: ATMORE, AL 36502

Title: TMGR () Delete
Name: DAVIS, HORACE J III
Address: 100 BROOKWOOD ROAD
City-St-Zip: ATMORE, AL 36502

Title: S () Delete
Name: GRAHAM, ANDREW L
Address: 601 S. HARBOUR ISLAND BLVD., STE 220
City-St-Zip: TAMPA, FL 33602

Title: AT () Delete
Name: PENNINGTON, RUSSELL A
Address: 100 BROOKWOOD ROAD
City-St-Zip: ATMORE, AL 36502

Title: AS () Delete
Name: NEIL, VICTORIA A
Address: 601 S. HARBOUR ISLAND BLVD., STE 220
City-St-Zip: TAMPA, FL 33602

ADDITIONS/CHANGES:

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

Title: VMGR (X) Change () Addition
Name: LINES, JOHN K
Address: 100 BROOKWOOD ROAD
City-St-Zip: ATMORE, AL 36502

Title: VMGR (X) Change () Addition
Name: DAVIS, HORACE J III
Address: 100 BROOKWOOD ROAD
City-St-Zip: ATMORE, AL 36502

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

Title: T (X) Change () Addition
Name: MOISE, JR., EDWARD D
Address: 100 BROOKWOOD ROAD
City-St-Zip: ATMORE, AL 36502

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: VICTORIA A. NEIL

AS

04/25/2006

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