

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 31, 2007 8:00 am
Secretary of State

07-31-2007 90002 031 ****50.00

DOCUMENT # M04000003786

1. Entity Name
CENTURYTEL LONG DISTANCE, LLC



Principal Place of Business
100 CENTURYTEL DRIVE
MONROE, LA 71203

Mailing Address
100 CENTURYTEL DRIVE
MONROE, LA 71203

00000000



07052007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
80-0070735

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

**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 _____

Signature typed or printed name of registered agent and title if applicable

NOTE: Registered Agent signature required when reconstituting

DATE _____

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

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR PUCKETT, KAREN A 100 CENTURYTEL DRIVE MONROE, LA 71203
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR GOLF, STACEY 100 CENTURYTEL DRIVE MONROE, LA 71203
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR EWING, R. STEWART JR. 100 CENTURYTEL DRIVE MONROE, LA 71203
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR BUCHART, KAY C 100 CENTURYTEL DRIVE MONROE, LA 71203
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Kay C. Buchart

2/6/07