


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 02, 2007 8:00 am**  
**Secretary of State**

05-02-2007 90347 046 \*\*\*\*50.00

<b>DOCUMENT # M05000002383</b>	
1. Entity Name PTLLC ACQUISITION CO., LLC	

Principal Place of Business 100 SECOND AVENUE SOUTH, SUITE 400 SOUTH ST PETERSBURG, FL 33701	Mailing Address 100 SECOND AVENUE SOUTH, SUITE 400 SOUTH ST PETERSBURG, FL 33701
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2. Principal Place of Business - No P.O. Box # 1025 Eldorado Blvd.	3. Mailing Address 1025 Eldorado Blvd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Broomfield, CO	City & State Broomfield, CO
Zip 80021	Zip 80021
Country	Country

04232007 Chg-LLC CR2E083 (12/06)

4. FEI Number 30-0286412	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301
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7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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 \_\_\_\_\_

<b>Filing Fee is \$50.00 Due by May 1, 2007</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PROGRESS TELECOM, LLC 100 SECOND AVENUE SOUTH, SUITE 400 SOUTH ST PETERSBURG, FL 33701 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1025 Eldorado Blvd. Broomfield, CO 80021 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

<b>SIGNATURE:</b> 	Neil J. Eckstein SVR, Asst Secy of MGRM Progress Telecom, LLC	4/27/07	720-888-1000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE		Date	Daytime Phone #