


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 25, 2007 8:00 am**  
**Secretary of State**

01-25-2007 90089 002 \*\*\*\*50.00

<b>DOCUMENT # M06000003065</b>				
1. Entity Name BELLSOUTH MNS, LLC				
Principal Place of Business 2180 LAKE BLVD., N.E. ATLANTA, GA 30319		Mailing Address 2180 LAKE BLVD., N.E. ATLANTA, GA 30319		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State		
Zip	Country	Zip	Country	01172007 Chg-LLC CR2E083 (12/06) 4. FEI Number 58-2363753 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			7. Name and Address of New Registered Agent	
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)</small>				
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE	MGR <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WHEELAHAN, R G JR.	NAME		
STREET ADDRESS	2180 LAKE BLVD., N.E., SUITE 7A737	STREET ADDRESS		
CITY-ST-ZIP	ATLANTA, GA 30319	CITY-ST-ZIP		
TITLE	MGR <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CHANDLER, MARTIN	NAME		
STREET ADDRESS	1277 LENOX PARK BLVD., N.E., SUITE 435	STREET ADDRESS		
CITY-ST-ZIP	ATLANTA, GA 30319	CITY-ST-ZIP		
TITLE	MGR <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	IRWIN, JOHN D JR.	NAME		
STREET ADDRESS	2180 LAKE BLVD., N.E., SUITE A1273	STREET ADDRESS		
CITY-ST-ZIP	ATLANTA, GA 30319	CITY-ST-ZIP		
TITLE	MGR <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STENHOUSE, D. SCOTT	NAME		
STREET ADDRESS	2180 LAKE BLVD., N.E., SUITE 12B01	STREET ADDRESS		
CITY-ST-ZIP	ATLANTA, GA 30319	CITY-ST-ZIP		
TITLE	MGR <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HARVEY, LEANNE N	NAME		
STREET ADDRESS	1155 PEACHTREE STREET, N.E., SUITE 16K	STREET ADDRESS		
CITY-ST-ZIP	ATLANTA, GA 30309	CITY-ST-ZIP		
TITLE	MGR <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WOLF, MICHAEL L	NAME		
STREET ADDRESS	1155 PEACHTREE STREET, N.E., SUITE 14K07	STREET ADDRESS		
CITY-ST-ZIP	ATLANTA, GA 30309	CITY-ST-ZIP		
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: <i>Joyce Clower Irvine</i>		Date: 1/19/07 (404) 249-4450		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				
Joyce Clower Irvine, VP & Assistant Secretary for Sole Member BellSouth Telecommunications, Inc.				