

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 31, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # M97000000824

1. Entity Name  
LEVEL 3 COMMUNICATIONS, LLC



Principal Place of Business  
1025 ELDORADO BLVD.  
BROOMFIELD, CO 80021

Mailing Address  
1025 ELDORADO BLVD.  
BROOMFIELD, CO 80021



01082007No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
47-0807040

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525

**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 reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2007**

000000612164  
02/02/07-80095-011 50.00

**9. MANAGING MEMBERS/MANAGERS**

TITLE MGR  
NAME O'HARA, KEVIN J  
STREET ADDRESS 1025 ELDORADO BLVD  
CITY- ST- ZIP BROOMFIELD, CO 80021

TITLE MGR  
NAME WATERS, JOHN F JR  
STREET ADDRESS 1025 ELDORADO BLVD  
CITY- ST- ZIP BROOMFIELD, CO 80021

TITLE MGR  
NAME STORTZ, THOMAS C  
STREET ADDRESS 1025 ELDORADO BLVD.  
CITY- ST- ZIP BROOMFIELD, CO 80021

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

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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

1-19-07

Date

720-888-7669

Daytime Phone #