2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M99000001360



FILED
May 25, 2006 08:00 AM
Secretary of State

Principal Place of Business

1035 FIFTH STREET MEBANE, NC 27302

Mailing Address

1035 FIFTH STREET MEBANE, NC 27302



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05022006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 56-2097466

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324

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8. The above named entity submits this statement for the purpose of	changing its registered office or registered age	nt, or both, in the State of Florida.	I am familiar with, and accept
the obligations of registered agent.	=		

CICMATURE

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 September 6, 2006

9.	MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR VANDERWOUDE, J. STEPHEN 103 SOUTH FIFTH ST. MEBANE, NC 27302	- -
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SUNU, PAUL H 103 SOUTH FIFTH ST. MEBANE, NC 27302	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM MADISON RIVER TELEPHONE COMPANY LLC 103 SOUTH FIFTH ST. MEBANE, NC 27302	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE MAME STREET ADDRESS		·

900000566144 95/25/96-80088-083 50.00

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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

CITY-ST-ZIP

JRE:

5/2/06

919-5638222

Daytime Phone #