

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 22, 2007 08:00 A
Secretary of State

DOCUMENT # M99000001360

1. Entity Name
MADISON RIVER COMMUNICATIONS, LLC



Principal Place of Business
**1035 FIFTH STREET
MEBANE, NC 27302**

Mailing Address
**1035 FIFTH STREET
MEBANE, NC 27302**



02212007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 56-2097466	Applied For Not Applicable
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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 reinstating)

DATE _____

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

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR VANDERWOUD, J. STEPHEN 103 SOUTH FIFTH ST. MEBANE, NC 27302
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR SUNU, PAUL H 103 SOUTH FIFTH ST. MEBANE, NC 27302
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	MEM MADISON RIVER TELEPHONE COMPANY LLC 103 SOUTH FIFTH ST. MEBANE, NC 27302
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03/30/07-80061-006 50.00

**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 #