


2nd NOTICE: Limited Liability Company Will Be Dissolved On Or After October 8, 1997. If Dissolved, Minimum Amount Due To Reinstate: \$703.75

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 97 SEP -9 PM 1:44	
FILING FEE \$ 588.75		Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee + \$385.00 Late Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1. Name and Mailing Address of Limited Liability Company TALLY RADIO, L.C. 109 B. RIDGELAND ROAD TALLAHASSEE FL 32312		DOCUMENT # L96000000376 1a. Principal Place of Business Address 109 B. RIDGELAND ROAD TALLAHASSEE FL 32312			
If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.					
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country		3. Date Organized or Qualified 04/03/1996 4. FEI Number 59-3376235 5. Date of Last Report 6. Certificate of Status Desired <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent HILL, JON 109 B. RIDGELAND ROAD TALLAHASSEE FL 32312			8. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 100002289351--4 Suite, Apt. #, etc. -09/10/97--01070--004 ****588.75 ****588.75 City FL Zip Code		
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.					
SIGNATURE _____ DATE _____ <small>(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when re-instating)</small>					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGRM	HVS PARTNERS, A FLORID	109 B. RIDGELAND ROAD		TALLAHASSEE FL	
MGRM	LEVINSON, ADAM	POST OFFICE BOX 13909 N/A 3600 Olson Rd		TALLAHASSEE FL	
MGRM	TIMM, BRUCE	POST OFFICE BOX 14369 N/A 3570 Capital Circle NE Suite 7		TALLAHASSEE FL	

11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual 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; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE: *Shirley McAllister* 8/21/97 904-385 8818