
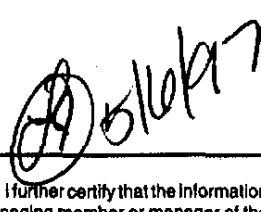


FILE NOW: Fee after May 1, will be \$588.75

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED 97 MAY -1 PM 1:43 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
FILING FEE \$ 203.75		Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1. Name and Mailing Address of Limited Liability Company TALSTAR, L.C. 3000 OLSON ROAD TALLAHASSEE FL 32308		DOCUMENT #L96000000832 1a. Principal Place of Business Address 3000 OLSON ROAD TALLAHASSEE FL 32308			
If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.					
2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		08/02/1996	
City & State		City & State		4. FEI Number 59-3393442	
Zip	Country	Zip	Country	5. Date of Last Report	
				3a. State of Formation FL	
7. Name and Address of Current Registered Agent LEVINSON, ADAM 3000 OLSON ROAD TALLAHASSEE FL 32308				8. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City	
800002169678--8 -05/07/97--01075--020 ***203.75 ***203.75 FL					
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 _____	
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGRM	LEVINSON, ADAM	3000 OLSON ROAD		TALLAHASSEE FL	
MGRM	HUBERMAN, GISELA	109 B RIDGELAND ROAD		TALLAHASSEE FL	
MGRM	SKING TECHNOLOGIES, L.	3370 CAPITAL CIRCLE, N.E.,		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: _____		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER		Date _____	
				Daytime Phone # _____	