


File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS  98 JUN 18 PM 2:48	
<b>FILING FEE \$ 188.75</b>		<b>Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee</b> <b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>			
1. Name and Mailing Address of Limited Liability Company  <b>TALSTAR, L.C. 3000 OLSON ROAD TALLAHASSEE FL 32308</b>		<b>DOCUMENT # L96000000832</b>		1a. Principal Place of Business Address  <b>3000 OLSON ROAD TALLAHASSEE FL 32308</b>	
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 <b>08/02/1996</b> 3a. State of Formation <b>FL</b> 4. FEI Number <b>59-3393442</b> 5. Date of Last Report <b>05/01/1997</b> 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  <b>LEVINSON, ADAM 3000 OLSON ROAD TALLAHASSEE FL 32308</b>		8. Name and Address of New Registered Agent/Office  Name  Street Address (P.O. Box Number is Not Acceptable)  Suite, Apt. #, etc.  City <b>FL</b> Zip Code <b>32308</b>			
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 translating)</small>					
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	
				000002565940--0 -06/19/98--01097--001 ****188.75 ****188.75 000002565940--0 -06/19/98--01097--002 ****400.00 ****400.00	
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: <b>Buco Jim</b>		6/4/98		800-942-7021	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER		Date		Daytime Phone #	