


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		<b>FILED</b> SECRETARY OF STATE DIVISION OF CORPORATIONS  98 APR 27 PM 4:16  4648	
<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>DOCUMENT #</b> L96000000989		1a. Principal Place of Business Address	
TALSTAR COMMUNICATIONS, L.C. POST OFFICE BOX 13909 TALLAHASSEE FL 32317-3909				3000 OLSON ROAD TALLAHASSEE FL 32308	
2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		09/19/1996	
City & State		City & State		3a. State of Formation FL	
Zip		Country		4. FEI Number 59-3413516	
				5. Date of Last Report 05/12/1997	
7. Name and Address of Current Registered Agent		8. Name and Address of New Registered Agent/Office			
LEVINSON, ADAM 3000 OLSON ROAD TALLAHASSEE FL 32308		Name Street Address (P.O. Box Number is Not Acceptable) 100002507071--4 Suite, Apt. #, etc. -04/30/98--01104--003 ****188.75 ****188.75 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 reinstating)</small>					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGRM	HUBERMAN, GISELA	8900 HARVEST SQUARE CT.		POTOMAC MD	
MGRM	TIMM, BRUCE	3370 CAPITAL CIRCLE NE, SU		TALLAHASSEE FL	
MGRM	LEVINSON, ADAM	3000 OLSON ROAD		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: <u>Shirley Mallett</u> 4/23/98 850-385-8818					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER					
Date Daytime Phone #					