
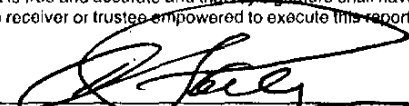


2<sup>nd</sup> and  
**FINAL NOTICE:** File on or before Sept. 30, 1998 or Limited Liability Company will be dissolved. If dissolved, minimum amount due to reinstate: \$688.75

<b>LIMITED LIABILITY COMPANY</b> <b>ANNUAL REPORT</b> <b>1998</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>FILING FEE</b> <b>\$ 588.75</b>		Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee + \$400.00 Late Fee <b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>	
1. Name and Mailing Address of Limited Liability Company  <b>TEL COM PLUS WEST, L.L.C.</b> <b>13902 N DALE MABRY, SUITE 212</b> <b>TAMPA FL 33618</b>		<b>DOCUMENT #</b> L97000000826  1a. Principal Place of Business Address <b>TALLAHASSEE, FLORIDA</b> <b>13902 N DALE MABRY, SUITE 212</b> <b>TAMPA FL 33618</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>07/28/1997</b>		3a. State of Formation  <b>FL</b>	
4. FEI Number  <b>59-3457213</b>		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Date of Last Report		6. Certificate of Status Desired <b>\$8.75 Additional Fee Required</b> <input type="checkbox"/>	
7. Name and Address of Current Registered Agent  <b>POLLEY, CHARLES</b> <b>13902 N DALE MABRY, SUITE 212</b> <b>TAMPA FL 33618</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	
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	POLLEY, CHARLES	13902 N DALE MABRY, SUITE 212	Tampa, FL
			<b>4000002630504--1</b> <b>-09/01/98--01073--007</b> <b>****588.75 ****588.75</b>  dee
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.			
<b>SIGNATURE:</b>  <small>SIGNATURE AND PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER</small>			

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA