
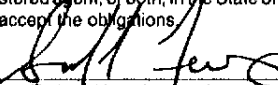
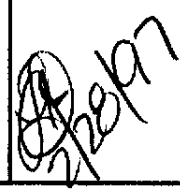
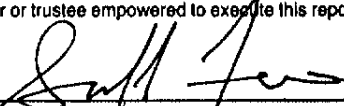


FILE NOW: Fee after May 1, will be \$588.75

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
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		DOCUMENT # M96000000009			
TELEKEY, L.L.C. 229 PEACHTREE STREET, SUITE 1102 ATLANTA GA 30303		1a. Principal Place of Business Address 229 PEACHTREE STREET, SUITE 1 ATLANTA GA 30303			
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.		01/05/1996	
City & State		City & State		4. FEI Number	
Zip		Zip		58-2180889	
Country		Country		5. Date of Last Report	
				6. Certificate of Status Desired	
				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
				8. Certificate of Status Desired	
				<input type="checkbox"/> \$2.75 Additional Fee Required	
7. Name and Address of Current Registered Agent			8. Name and Address of New Registered Agent		
NRAT SERVICES, INC. 526 E. PARK AVENUE TALLAHASSEE FL 32301			Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City		
			600002103258--8 -03/04/97--01025--013 ***2103258 ***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 2/4/97		
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGR	SOLOMON, HAROLD M	229 PEACHTREE STREET, SUIT		ATLANTA GA	
MGR	MCDANIEL, DAVID J	229 PEACHTREE STREET, SUIT		ATLANTA GA	
MGR	LEVINGS, SANFORD H JR.	229 PEACHTREE STREET, SUIT		ATLANTA GA	
MGR	LANIER, CAMPBELL B III	1239 O.G. SKINNER		WEST POINT GA	
MGR	SCOTT, WILLIAM H III	1239 O.G. SKINNER		WEST POINT GA	
					
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: 		(Sanford Levings)		2/4/97 404-577-3888	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER		Date		Daytime Phone #	