File on or before May 1, 1998 or Limited Liability Company will be subject to a $ 400.00 LATE FEE.
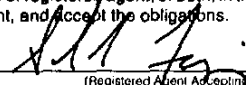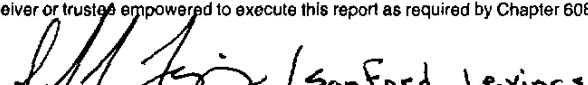
LIMITED LIABILITY COMPANY ANNUAL REPORT 1998	FLORIDA DEPARTMENT OF STATE **Sandra B. Mortham** Secretary of State DIVISION OF CORPORATIONS

FILING FEE $ 188.75	Annual Report $100.00 + $88.75 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
ATLANTA GA 30303

2. Principal Place of Business	2a. Mailing Address	3. Date Organized or Qualified	3a. State of Formation
		01/05/1996	DE
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number	☐ Applied For
City & State	City & State	58-2180889	☐ Not Applicable
Zip / Country	Zip / Country	5. Date of Last Report 02/28/1997	6. Certificate of Status Desired $8.75 Additional Fee Required ☐

7. Name and Address of Current Registered Agent	8. Name and Address of New Registered Agent/Office
NRAI SERVICES, INC. 526 E. PARK AVENUE TALLAHASSEE FL 32301	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City 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 3/31/96
(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	ATALANTA 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) 3/31/98 404-577-3888
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER   Date   Daytime Phone #