


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

**APPROVED
AND
FILED**

1997 APR -9 AM 9:28

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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FILING FEE \$ 203.75	Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE
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1. Name and Mailing Address of Limited Liability Company	DOCUMENT # L96000000833
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GNP JOINT VENTURE, L.L.C.
888 EXECUTIVE WEST
SUITE 101
ST. PETERSBURG FL 33702

1a. Principal Place of Business Address

888 EXECUTIVE WEST
SUITE 101
ST. PETERSBURG FL 33702

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.

2. Principal Place of Business <i>Same</i>	2a. Mailing Address <i>PO Box 20947</i>	3. Date Organized or Qualified 08/02/1996	3a. State of Formation FL
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number 593390828	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
City & State <i>St Petersburg FL</i>	City & State	5. Date of Last Report	6. Certificate of Status Desired <input type="checkbox"/> SB 75 Additional Fee Required
Zip <i>33742</i>	Country <i>Pineellas</i>		

7. Name and Address of Current Registered Agent ORTIZ, LOUIS [888 EXECUTIVE WEST SUITE 101 ST. PETERSBURG FL 33702	8. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code
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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 _____
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	GARCIA & ORTIZ, P.A.	P.O. BOX 20929 888 EXECUTIVE WEST	ST. PETERSBURG FL
MGRM	NUNEZ, COLLINS, TOUCHETTE	811 EAST MAIN STREET	LAKELAND FL
MGRM	PREFERRED COLLECTION, INC.	ONE DAVIS BLVD. SUITE 205	TAMPA FL

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****203.75 ****203.75

4/10/97

11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (f), 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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

1/30/97 *813-578-9888*