

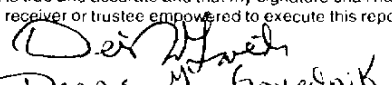


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris 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 # M98000000820 GP TPA, LLC 1303 SOUTH FRONTAGE ROAD, SUITE 13 HASTINGS MN 55033		1a. Principal Place of Business Address 1303 SOUTH FRONTAGE ROAD, SU HASTINGS MN 55033	
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 07/29/1998	3a. State of Formation MN
		4. FEI Number 83-0302435	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
		5. Date of Last Report N/A	6. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/>
7. Name and Address of Current Registered Agent CORPORATION SERVICE , COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301		8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City Zip Code <div style="text-align: right;">FL</div>	
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) (If Not Registered Agent Signature Required, Write "Not Applicable")</small>			
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	GOVEDNIK, DENNIS M	1303 SOUTH FRONTAGE ROAD,	HASTINGS MN
			800002863718--1 -05/05/99--01068--005 ****188.75 ****188.75 
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: 		4/22/99 651/438-9288	
<small>SIGNATURE AND TYPE (PRINTED NAME) OF SIGNING MEMBER/ MANAGER REQUIRED</small>			

FILED
 APR 23 10 5:00
 DIVISION OF CORPORATIONS
 STATE OF FLORIDA