




FILE ON OR BEFORE APRIL 7, 1999 TO AVOID
REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1999			FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	FILED 99 MAR 23 PM 3: 22 SECRETARY OF STATE TALLAHASSEE, FLORIDA 
1. Name of Limited Partnership GPA-I, L.P.		1a. DOCUMENT # B98000000682		
Mailing Address 3526 SPOTTSWOOD AVE. MEMPHIS TN 38111		Principal Office Address 50 N. FRONT ST., SUITE 1300 MEMPHIS TN 38103		3. Date Formed or Registered 12/03/1998
2. Mailing Address Suite, Apt. #, etc. City & State Zip Country		2a. Principal Office Address Suite, Apt #, etc. City & State Zip Country		3a. Date of Last Report 4. State or Country of Formation TN
				5a. Capital Contributions as Shown on record \$1,000.00
				5b. Amount of Capital Contributions in FLORIDA to date <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
				6. FEI Number 62-1624084
				7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
				8. Make check payable to Dept. of State (See reverse side for fee information)
9. Name and Address of Current Registered Agent DOTSON, ALBERT E JR. 2500 FIRST UNION FINANCIAL CENTER MIAMI FL 33131			10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt #, etc. City State Zip Code	
			FL	
10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, 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 its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.				
SIGNATURE (Registered Agent Accepting Appointment)			DATE	
A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.				
11. Name(s) of General Partner(s) MOON DANCE, LLC	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 3526 SPOTTSWOOD AVE.	11b. City, State & Zip Code MEMPHIS TN 38111	11c. Registration/ Document Number M98000001428	
		980002824049--8 -03/30/99--01084--012 ****141.25 ****141.25 4C 3-26-99		
Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.				
12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.				
SIGNATURE			DATE	
 Oscar W. Seelbinder, Jr.			3/19/99 (901) 327-7676	
Typed or Printed Name of General Partner Signing Form			Daytime Telephone Number	

CR2E003 (12/98)