




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

<b>LIMITED PARTNERSHIP ANNUAL REPORT 1999</b>			FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	FILED 99 MAR 23 PM 3: 22 SECRETARY OF STATE TALLAHASSEE, FLORIDA 
<b>1. Name of Limited Partnership</b>  GPA-I, L.P.		<b>1a. DOCUMENT #</b> <b>B98000000682</b>		
<b>Mailing Address</b> 3526 SPOTTSWOOD AVE. MEMPHIS TN 38111		<b>Principal Office Address</b> 50 N. FRONT ST., SUITE 1300 MEMPHIS TN 38103		
<b>2. Mailing Address</b> Suite, Apt. #, etc. City & State Zip Country		<b>2a. Principal Office Address</b> Suite, Apt #, etc. City & State Zip Country		
		<b>3. Date Formed or Registered</b> 12/03/1998		
		<b>3a. Date of Last Report</b> _____		
		<b>4. State or Country of Formation</b> TN		
		<b>5a. Capital Contributions as Shown on record</b> \$1,000.00		
		<b>5b. Amount of Capital Contributions in FLORIDA to date</b> _____		
		<b>6. FEI Number</b> 62-1624084		
		<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable		
		<b>7. Certificate of Status Desired</b> <input type="checkbox"/> \$8.75 Additional Fee Required		
		<b>8. Make check payable to Dept. of State (See reverse side for fee information)</b>		
<b>9. Name and Address of Current Registered Agent</b>  DOTSON, ALBERT E JR. 2500 FIRST UNION FINANCIAL CENTER MIAMI FL 33131		<b>10. If changed, new Registered Agent/Office</b> Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt #, etc. City FL Zip Code		
<b>10a.</b> 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		
<b>A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b>				
<b>11. Name(s) of General Partner(s)</b>  MOON DANCE, LLC	<b>11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)</b> 3526 SPOTTSWOOD AVE.	<b>11b. City, State &amp; Zip Code</b> MEMPHIS TN 38111	<b>11c. Registration/ Document Number</b> M98000001428	
980002824049--8 -03/30/99--01084--012 ****141.25 ****141.25 4C 3-26-99				
<b>Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.</b>				
<b>12.</b> 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)