

2000 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # M98000000682
 1. Entity Name
 GPA-I, L.P.

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

00 JUN 21 PM 1:29



Principal Place of Business *Mailing Address*
 3526 SPOTTSWOOD AVENUE 3526 SPOTTSWOOD AVENUE
 MEMPHIS, TN 38111 MEMPHIS, TN 38111

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number: 62-1624084
 Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
 DOTSON, ALBERT E JR
 2500 FIRST UNION FINANCIAL CENTER
 MIAMI, FL 33131

7. Name and Address of New Registered Agent
 Name: _____
 Street Address (P.O. Box Number is Not Acceptable): _____
 City: _____ FL Zip Code: _____

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

9. Capital Contributions as Shown on record: \$1,000.00 10. Amount of Capital Contributions in FLORIDA to date: _____ 11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	M98000001428	STREET ADDRESS	
NAME	MOON DANCE, LLC	CITY-ST-ZIP	
STREET ADDRESS	3526 SPOTTSWOOD AVENUE.		
CITY-ST-ZIP	MEMPHIS, TN 38111		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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STREET ADDRESS			
CITY-ST-ZIP			

~~400003298494-6~~
~~-06/21/00-01026-002~~
~~****458.75 ****150.00~~

14. I 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 report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:  6/16/00 901-327-7676
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

FILED JUN 21 2000