2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

B98000000682 **DOCUMENT #**

1. Entity Name GPA-I, L.P.



FILED 03 FEB -3 PM 12: 20 SECRETARY OF STATE TALEAHASSEE FLORIDA

City & State Country Zip Country Zip Country S. Certificate of Status Desired \$8,75 Additional Fee Required Fee Required	Principal Place 3526 SPOTTSWO MEMPHIS TN 381 2. Principal Place Suite, Apt. #	DD AVENUE 11 ce of Business	Mailing Address 3526 SPOTTSWOOD AVENUE MEMPHIS TN 38111 3. Mailing Address Suite, Apt. #, etc.		DUE BY MAY 1, 2003		
6. Name and Address of Current Registered Agent 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 affice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE 9. Capital Contributions as Shown on record. STORET ADDRESS OF ARTHUR 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 filled to change a general partner. 12. 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 filled to change a general partner. 12. GENERAL PARTNER INFORMATION 13. ADDRESS CHANGES ONLY DOCUMENT / NAME M98000001428 MOON DANCE, LIC. MS8000001428 MOON DANCE, LIC. MS8000001428 MOON DANCE, LIC. STREET ADDRESS CITY-ST-ZP DOCUMENT / NAME STREET ADDRESS CITY-ST-ZP DOCUMENT / NAME STREET ADDRESS CITY-ST-ZP	City & State		City & State		4. FEI Number 62-1624084	 	
DOTSON, ALBERT E JR. Street Address (P.O. Box Number is Not Acceptable) 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 agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE 9. Capital Contributions as Shown on record. 11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SET REVENSE 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 filled to change a general partner. 12. GENERAL PARTNER INFORMATION 13. ADDRESS CHANGES ONLY MS8000001428 MOON DANCE, LLC STREET ADDRESS CITY-ST-ZP DOCUMENT / NAME STREET ADDRESS CITY-ST-ZP CITY-ST-ZP DOCUMENT / NAME STREET ADDRESS CITY-ST-ZP CITY-ST-ZP CITY-ST-ZP CITY-ST-ZP DOCUMENT / NAME STREET ADDRESS CITY-ST-ZP CITY-ST-ZP CITY-ST-ZP DOCUMENT / NAME STREET ADDRESS CITY-ST-ZP CITY-ST-ZP	Zip	Country	Zip	Country	5. Certificate of Status Desired	Fee Required	
DOTSON, ALBERT E JR. 2500 FIRST UNION FINANCIAL CENTER MIAMI FL. 33131 E. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE 9. Capital Contributions 8 1,000.00 10. Amount of Capital Contributions 8 5,000.00 11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE 8EE REVERSE SIDE FOR FEE INFORMATION 12. 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 filled to change a general partner. 12. GENERAL PARTNER INFORMATION 13. ADDRESS CHANGES ONLY DOCUMENT / MAR MOND DANCE, LLC STREET ADDRESS CITY-ST-2P DOCUMENT / MAKE STREET ADDRESS CITY-ST-2P	6. Name and Address of Current Registered Agent			Name			
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE 9. Capital Contributions	2500 FIRST UNION FINANCIAL CENTER				·		
SIGNATURE 9. Capital Contributions as Shown on record. \$1,000.00 10. Amount of Capital Contributions in FLORIDA date. 9. Capital Contributions as Shown on record. 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 filled to change a general partner. 12. GENERAL PARTNER INFORMATION 13. ADDRESS CHANGES ONLY M88000001428 MOON DANCE, LLC STREET ADDRESS CITY-ST-ZP DOCUMENT / MAKE STREET ADDRESS CITY-ST-ZP DOCUMENT / MAKE STREET ADDRESS CITY-ST-ZP STREET ADDRESS CITY-ST-ZP CITY-ST-	ve version of the contract of			'			
12. GENERAL PARTNER INFORMATION DOCUMENT / NAME NAME MOON DANCE, LLC STREET ADDRESS CITY-ST-ZIP DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP	the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. 9. Capital Contributions as Shown on record. 10. Amount of Capital Contributions in FLORIDA to date.			pital Contributions date.	11. MAKE CHECK PAYABLE SEE REVERSE SIDE FOR	TO FL. DEPT. OF STATE R FEE INFORMATION E.	
MOON DANCE, LLC 3526 SPOTTSWOOD AVE. MEMPHIS TN 38111 DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP	12. GENERAL PARTNER INFORMATION 13.				ADDRESS CHANGES ON	LY	
STREET ADDRESS CITY-ST-ZIP DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP				STREET ADDRESS			
STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # DOCUMENT # STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP	STREET ADDRESS 3526 SPOTTSWOOD AVE.		CITY-ST-ZIP	CITY-ST-ZIP			
CITY-ST-ZIP DOCUMENT NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT DOCUMENT NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP COCUMENT NAME STREET ADDRESS CITY-ST-ZIP	NAME			STREET ADDRESS	2000116204 	72 **150.00	
NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP	1			CITY_ST_ZIP	منيست معرضي مني مساويت		
CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP COCUMENT #	NAME			STREET ADDRESS			
OCCUMENT # NAME STREET ADDRESS CITY-ST-ZIP COCUMENT #	1		<u> </u>				
CITY-ST-ZIP	NAME			STREET ADDRESS	1/		
NAME	CITY-ST-ZIP DOCUMENT #	<u> </u>	·	STREET ADDRESS)/		

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 his report as required by Chapter 620, Florida Statutes

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

SIGNATURE

STREET ADDRESS

CITY-ST-ZIP DOCUMENT #

CITY-ST-ZIP

NAME STREET ADDRESS

901-327-7676