

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

FILED

03 FEB -3 PM 12:20

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

0019648 MB

DOCUMENT # **B98000000682**

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



Principal Place of Business  
**3526 SPOTTSWOOD AVENUE  
MEMPHIS TN 38111**

Mailing Address  
**3526 SPOTTSWOOD AVENUE  
MEMPHIS TN 38111**



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

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

**DUE BY MAY 1, 2003**

4. FEI Number **62-1624084**  
Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. **\$1,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. 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	
DOCUMENT #	<b>M98000001428</b>
NAME	<b>MOON DANCE, LLC</b>
STREET ADDRESS	<b>3526 SPOTTSWOOD AVE.</b>
CITY-ST-ZIP	<b>MEMPHIS TN 38111</b>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	<b>200011620472</b>
CITY-ST-ZIP	<b>02/03/03 01002 015 **150.00</b>
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	<i>B/K</i>
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: *[Signature]* SIGNATURE REQUIRED  
Date: **1-22-03** Daytime Phone #: **901-327-7676**

STAPLE CHECK HERE

CR2E003 (10/02)