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

## LIMITED PARTNERSHIP **ANNUAL REPORT** 1999



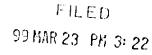
## FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

**DOCUMENT#** 





GPA-BUFFER, L.P.	B9800000	10681		)
Mailing Address  3526 SPOTTSWOOD AVE. MEMPHIS TN 38111	OTTSWOOD AVE. 50 NORTH FRONT ST., SUITE 1300		3. Date Formed or Registered 12/03/1998 3a. Date of Last Report	5a. Capital Contributions as Shown on record \$1,000.00
2. Mailing Address	2a. Principal Office Address	2a. Principal Office Address		5b. Amount of Capital Contributions in FLORIDA to date
Suite, Apt. #, etc.  City & State	Suite, Apt. #, etc. City & State			Applied For Not Applicable
Zip Country	Zip	Zip Country		\$8.75 Additional Fee Required  I State (See reverse side for fee information)
DOTSON, ALBERT E JR. 2500 FIRST UNION FINANCIAL MIAM! FL 33131  10a. Pursuant to the provisions of sections for the purpose of changing its registe agent. I am familiar with, and accept t	620 1051 and 620 192, Florida Statutes, the above-namered office or registered agent, or both, in the State of Floride obligations of section 620 192, Florida Statutes.	Suite, Apt #, 6 City  ed limited partnerstrida. Such change	nip organized or registered under the laws of the was authorized by its general partner(s). There DATE	FL Zip Code  The State of Fiorida, submits this statement subsy accept the appointment of registered
11. Name(s) of General Partner(s)	144	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)		11c. Registration/ Document Number
,33RD STREET BUFFER, INC.	3526 SPOTTSWOOD		MEMPHIS TN 38111  □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	F9800006608  F9800006608  F9800006608  F9800006608  F9800006608
	AY NOT be changed on this for upplied with this fling is voluntarily furnished and does no		<del></del>	

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 it 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 finited partnership, receiver or trustee empowered to execute this report as required by experter 620, Florida Statutes.

SIGNATURE

Oscar W. Seelbinder, Jr.

Daytinie Telephone Number

(901) 327-7676

3/19/99