



2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

06 FEB -8 AM 10:45

DOCUMENT # B98000000681 1. Entity Name GPA-BUFFER, 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 <i>5858 Ridgeway Center Parkway</i> Suite, Apt. #, etc.		3. Mailing Address <i>5858 Ridgeway Center Parkway</i> Suite, Apt. #, etc.			
City & State <i>Mem, TN</i>		City & State <i>Mem, TN</i>		4. FEI Number 62-1747147	
Zip <i>38120</i>		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
FILE NOW!!! FEE IS \$500.00 After May 1, 2006, Fee will be \$900.00					
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 # F98000006608 NAME 33RD STREET BUFFER, INC. STREET ADDRESS 3526 SPOTTSWOOD AVE. CITY-ST-ZIP MEMPHIS, TN 38111			STREET ADDRESS <i>5858 Ridgeway Center Parkway</i> CITY-ST-ZIP <i>Memphis, TN 38120</i>		
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14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>[Signature]</i> OSCAR SEELBIEN 1/31/06 901327-7676 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #</small>					

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