


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 06 FEB -8 AM 10:45

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
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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.
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City & State <i>Memphis, TN 38120</i>	City & State <i>Memphis, TN 38120</i>
Zip <i>38120</i>	Zip <i>38120</i>
Country <i>USA</i>	Country <i>USA</i>



01312006	Chg-LP	CR2E003 (11/05)
4. FEI Number 62-1624084	Applied For Not Applicable	
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
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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.

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 # NAME STREET ADDRESS CITY-ST-ZIP	M98000001428 MOON DANCE, LLC 3526 SPOTTSWOOD AVE. MEMPHIS, TN 38111	STREET ADDRESS CITY-ST-ZIP	<i>5858 Ridgeway Center Parkway</i> <i>Memphis, TN 38120</i>
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
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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: *[Signature]* **OSCAR SEELBINDER** 1/31/06 901-327-7676
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE