200	2 UNIFORM BUS	SINESS REPO	RT (UI	BR)		APPK			
DOCUMENT # A9900002025 1. Entity Name						AND FILED			
MISSIC		على سينو	•	02 APR 25	PM	2:13			
				<u></u>		SECRETAR'	/ OF :	STATE	
Principal Pla	ace of Business	Mailing Address				TAELAHASS	EE F	LORIDA	
5775 PEACH	ODY ROAD			() ()					
SUITE 175-C				1					
ATLANTA G	A 30342	ATLANTA GA 30342			 	: I tis 18118 (817) 887(1 881(2 881(1 8			
2 Principal	Place of Business								
	onson Ferry Road W	3. Mailing Address E 124 Volume F	- '72	3 45		JEIÐ JEING LOM BOUN GONS EÐIST O	ENK BANAD	ICALI DEVIO CIRRI EVIL VEDI	
Suite, Apt	t. #, etc.	Suits, Apt. #, etc.	evry Kc	CH NE	>				
City & Sta						DUE BY MAY 1,	2002		
Atlan		City & State			4. FEI Number	58-2508943		Applied For	
Zip	Country	Atlanta Cop	Country				- 40	Not Applicable	
30828		30328	USA		5. Certificate of	of Status Desired		75 Additional Required	
	6. Name and Address of Currer	nt Registered Agent	Name		7. Name and /	Address of New Register	d Agen	nt	
NARAI S	NARAI SERVICES, INC.								
526 EAST PARK AVENUE				t Address (F	P.O. Box Number	is Not Acceptable)			
TALLAHASSEE FL 32301						· · · · · · · · · · · · · · · · · · ·			
			<u> </u>						
<u> </u>	City			F	$\mathbf{L} \mid ^{2}$	Zip Code			
8. The above	a named entity submits this statement t	for the purpose of changing its re	egistered office	or registere	ed agent, or both	, in the State of Florida.			
SIGNATURE									
9. Capital Co	Signature, typed or printed name of registered agen					DATI			
as Shown		10. Amount of Capital in FLORIDA to date	Contributions e. なっ なん	~ ~~~		11. MAKE CHECK PAYAI SEE REVERSE SIDE	LE TO	DEPT. OF STATE	
	A GENERAL PARTNER NOTE: General Partners M.	THAT IS A BUSINESS ENT	ITY MUST BE	F REGISTI	ERED AND AC	TIVE WITH THE OFF	<u> </u>		
12.	GENERAL PARTNE	R INFORMATION	13.			ADDRESS CHANGES C		<u> </u>	
DOCUMENT # NAME	L99000008473 GG&A/MISSION LLC		STREET ADDRESS	s					
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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 this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER