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MORRIS, MANNING & MARTIN
A LIMITED LIABILITY PARTNERSHIP

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WITH INDEPENDENT FIRMS
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JUDITH A. NAVE
PARALEGAL

WASHINGTON, D.C. OFFICE

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May 10, 2000

MJH

VIA FEDERAL EXPRESS

Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

00789-00676-00671

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 JUN -5 AM 9:48

Re: Ginn-Pine Island GP, LLC and Ginn-LA Pine Island, L.P.

Dear Sir or Madam:

Enclosed are the following documents to qualify the above-referenced entities in Florida:

Ginn-Pine Island, LLC

1. Application for Authorization to Transact Business and Certificate of Designation (in duplicate)
2. Certificate of Existence from Georgia
3. Check to the Florida Department of State for the \$125.00 qualification fee

Ginn-LA Pine Island, L.P.

1. Application for Authorization to Transact Business (in duplicate)
2. Two (2) checks totaling \$1,785.00 to cover the qualification fee

Please qualify these two entities in Florida and return the evidence of same to me. If you have any questions, please give me a call at 404-504-7636. Thank you for handling these filings.

Very truly yours,

MORRIS, MANNING & MARTIN, L.L.P.

Judith A. Nave
Legal Assistant

Enclosures



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

May 23, 2000

JUDITH A. NAVE
MORRIS, MANNING & MARTIN
3343 PEACHTREE ROAD, NE
ATLANTA, GA 30326-1044

SUBJECT: GINN-PINE ISLAND, L.P.
Ref. Number: W00000012757

We have received your document for GINN-PINE ISLAND, L.P. and your check(s) totaling \$1775.00. However, the document has not been filed and is being retained in this office for the following:

There is a balance due of \$10.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6967.

Michelle Hodges
Document Specialist

Letter Number: 100A00027537

**APPLICATION BY FOREIGN LIMITED PARTNERSHIP FOR
AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA**

1. Ginn-LA Pine Island, L.P.
(Name of limited partnership as it is in the home state)

2. _____
(If name is unavailable, name under which the limited partnership proposes to register or transact business in Florida; must contain the word "LIMITED" or "LTD.")

3. Georgia
(State of Formation)

4. 5/3/00
(Date of Formation)

5. C T Corporation System
(Name of Registered Agent for Service of Process)

6. c/o C T Corporation System, 1200 South Pine Island Road
(Street Address of Registered Office)

Plantation _____, Florida 33324
(City) (Zip Code)

7. Acceptance by the Registered Agent for Service of Process:

C T Corporation System

Mary R. Adams
(Agent must sign on this line)

MARY R. ADAMS

8. Suite 1600, 3343 Peachtree Road NE

ASSISTANT SECRETARY

Atlanta, GA 30326
(Address of registered office required in state of formation or, if not required, address of principal office.)

9. NAMES OF GENERAL PARTNERS

STREET ADDRESS

Ginn-Pine Island GP, LLC

5 Blue Heron Lane, Palm Coast, FL 32137

10. 5 Blue Heron Lane, Palm Coast, FL 32137
(Office where Names, Addresses and Contributions of Limited Partners are kept.)

11. The limited partnership will undertake to keep the records listing the addresses and capital contributions of the limited partner or limited partners until the limited partnership's registration in Florida is canceled or withdrawn.

CONTINUED

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 JUN -5 AM 9:48

12. 5 Blue Heron Lane, Palm Coast, FL 32137

(Mailing Address of Limited Partnership)

Under penalties of perjury I, being duly sworn, declare that I have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.

This 3rd day of May, 2000.
Ginn-Pine Island GP, LLC, General Partner

By: [Signature]
Edward R. Ginn, III, ~~General Partner~~
Manager

STATE OF Florida

COUNTY OF Flagler

On this 3rd day of May, 2000

Edward R. Ginn, III personally appeared before me,

☒ who is personally known to me

☐ whose identity I proved on the basis of _____

[Signature]
(Notary Public Signature)

LINDA K. LANGEVIN
(Notary's Printed Name)

Seal

My Commission Expires:




AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR FOREIGN LIMITED PARTNERSHIP

BEFORE ME the undersigned personally appeared _____,
a general partner of Ginn-LA Pine Island, L.P., a (an) Georgia
limited partnership, hereinafter referred to as the "Partnership", who certifies as follows:

1. The amount of capital contributions of the limited partners is \$ 20,000,000.
2. The anticipated amount of the capital contributions of the limited partners that are allocated for the purposes of transacting business in Florida is \$ 20,000,000.

Under the penalties of perjury I, being duly sworn, declare that I have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.

This 3rd day of May, 2000.



Edward R. Ginn, III, General Partner
Manager of Ginn-Pine Island GP, LLC, General Partner

STATE OF Florida

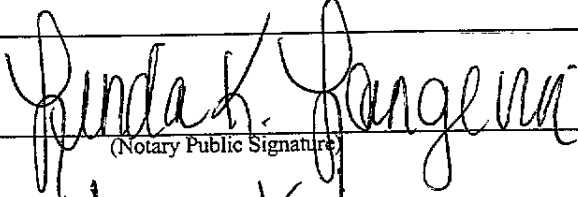
COUNTY OF Flagler

On this 3rd day of May, 2000.

Edward R. Ginn, III, personally appeared before me,

☒ who is personally known to me

☐ whose identity I proved on the basis of _____



(Notary Public Signature)
LINDA K. LANGEVIN

(Notary's Printed Name)

Seal

My Commission Expires:

