

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B00000000176

1. Entity Name

Ginn-LA Pine Island, L.P.

Principal Place of Business

Mailing Address

2. Principal Place of Business

5 Blue Heron Lane

Suite, Apt. #, etc.

3. Mailing Address

5 Blue Heron Lane

Suite, Apt. #, etc.

City & State

Palm Coast, FL

City & State

Palm Coast, FL

4. FEI Number

59-3692378

Applied For

Not Applicable

Zip

32137

Country

Flagler

Zip

32137

Country

Flagler

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

C T Corporation System
1200 South Pine Island Road
Plantation, FL 33324

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions as Shown on record

\$10,000,000

10. Amount of Capital Contributions in FLORIDA to date.

\$10,000,000

11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

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

DOCUMENT # M00000000944
NAME Ginn-Pine Island GP, LLC
STREET ADDRESS 5 Blue Heron Lane
CITY-ST-ZIP Palm Coast, FL 32137

13. ADDRESS CHANGES ONLY

STREET ADDRESS
CITY-ST-ZIP 600004014716-1
-04/18/01-01012-025

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP *****88.75 *****88.75

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP 600004014716-1
-04/18/01-01012-026
*****437.50 *****437.50

DOCUMENT #
NAME
STREET ADDRESS
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CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

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

Ginn-Pine Island GP, LLC

SIGNATURE:

By: 

Rymon Wilborn, Treasurer

3/1/01

904-446-8446

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (11/00)