

Document Number

30000000219

CT Corporation System  
660 East Jefferson Street  
Tallahassee, FL 32301  
Tel 850 222 1092  
Fax 850 222 7615  
Attn: Jeff Netherton

400003335474--3  
-07/25/00--01072--010  
\*\*\*1785.00 \*\*\*1785.00  
400003335474--3  
-07/25/00--01072--011  
\*\*\*\*\*8.75 \*\*\*\*\*8.75

CORPORATION(S) NAME

Ginn-LA Airport, L.P.

<input type="checkbox"/> Profit	<input type="checkbox"/> Amendment	<input type="checkbox"/> Merger
<input type="checkbox"/> Nonprofit		
<input checked="" type="checkbox"/> Foreign	<input type="checkbox"/> Dissolution/Withdrawal	<input type="checkbox"/> Mark
	<input type="checkbox"/> Reinstatement	
<input checked="" type="checkbox"/> Limited Partnership	<input type="checkbox"/> Annual Report	<input type="checkbox"/> Other
<input type="checkbox"/> LLC	<input type="checkbox"/> Name Registration	<input type="checkbox"/> Change of RA
	<input type="checkbox"/> Fictitious Name	<input type="checkbox"/> UCC
<input type="checkbox"/> Certified Copy	<input type="checkbox"/> Photocopies	<input checked="" type="checkbox"/> CUS
<input type="checkbox"/> Call When Ready	<input type="checkbox"/> Call If Problem	<input type="checkbox"/> After 4:30
<input checked="" type="checkbox"/> Walk In	<input type="checkbox"/> Will Wait	<input checked="" type="checkbox"/> Pick Up
<input type="checkbox"/> Mail Out		

Name \_\_\_\_\_  
Availability \_\_\_\_\_  
Document \_\_\_\_\_  
Examiner \_\_\_\_\_  
Updater \_\_\_\_\_  
Verifier \_\_\_\_\_  
Acknowledgement \_\_\_\_\_  
W.P. Verifier \_\_\_\_\_

07/25/00

FILE SECOND

00 JUL 25 PM 12:01

RECEIVED

00 JUL 25 PM 5:31  
DIVISION OF CORPORATIONS  
FLORIDA

00 JUL 25 PM 5:31  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
FLORIDA

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

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

2. N/A  
(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 6/22/00  
(State of Formation) (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 33324  
(City) Florida (Zip Code)

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

*Carmie Bayne*  
(Agent must sign on this line)

8. Suite 1600, 3343 Peachtree Road NE  
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-Airport GP, LLC 5 Blue Heron Lane  
m06000001458 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

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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.

Signed this 22nd day of June, XX 2000

Ginn-Airport GP, LLC

By: [Signature], Manager  
General Partner

STATE OF GEORGIA

COUNTY OF FULTON

On this 22nd day of June, XX 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)

Judith A. Nave

(Notary's Printed Name)

Seal

My Commission Expires: \_\_\_\_\_

Notary Public, DeKalb County, Georgia  
My Commission Expires May 20, 2001

Notary Public, DeKalb County, Georgia  
My Commission Expires May 20, 2001

FULTON STATE  
DIVISION OF CORPORATIONS  
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# AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR A FOREIGN LIMITED PARTNERSHIP

BEFORE ME the undersigned personally appeared Edward R. Ginn, III  
manager of Ginn-Airport GP, LLC, the  
X general partner of Ginn-LA Airport, L.P., a ~~xxx~~ 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.*

Signed this 22nd day of June, ~~19~~ 2000.

  
General Partner

STATE OF GEORGIA

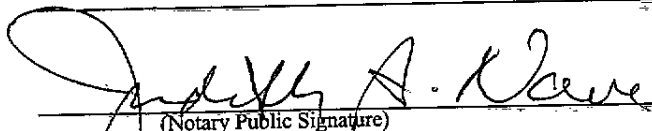
COUNTY OF FULTON

On this 22nd day of June, ~~19~~ 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)

Judith A. Nave

(Notary's Printed Name)

Notary Public, DeKalb County, Georgia  
My Commission Expires May 20, 2001

Seal

My Commission Expires:

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