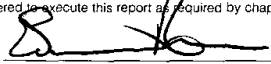


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FLORIDA DEPARTMENT OF STATE Division of Corporations			
DOCUMENT # B00000000314			
1. Name of Limited Partnership GINN LA I-4 EAST, L.P.			
2. Principal Office Address 1 FLORIDA PARK DR. S. Suite, Apt. #, etc. SUITE 300 City & State PALM COAST, FL Zip 32137		3. Mailing Office Address 1 FLORIDA PARK DR. S. Suite, Apt. #, etc. SUITE 300 City & State PALM COAST, FL Zip 32137	
4. Date Formed or Registered To Do Business in Florida OCTOBER 13, 2000			
5. FEI Number 59-3675359		Applied For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status			
7a. Capital Contributions as shown on Record: \$0.00			
7b. Amount of Capital Contributions in FLORIDA to date: \$0.00			
8. Name and Address of Current Registered Agent			
Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD Suite, Apt. #, Etc. SUITE City PLANTATION State FL Zip Code 33324			
9. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.			
SIGNATURE (Registered Agent Accepting Appointment) _____ DATE _____			
A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.			
10. Name(s) of General Partner(s) GINN, EDWARD R. III		10a. Registration Document Number 200004742822--0 -12/28/01--01061--014 ****641 25 ****641 25 REINSTATEMENT 2001	
Address of Each General Partner (Do NOT Use Post Office Box Numbers) 1 FLORIDA PARK DR. S. SUITE 300		City, State and Zip Code PALM COAST, FL 32137	
Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.			
11. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.			
SIGNATURE 		DATE 10/31/01	
Typed or Printed Name of General Partner Signing Form EDWARD R. GINN, III Mgr.		Telephone Number 386-446-8446	

CR2E039 (9/01)