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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B01000000272

1. Entity Name
GINN-LA ORLANDO LTD., LLLP

Principal Place of Business
1 FLORIDA PARK DRIVE SOUTH
SUITE 300
PALM COAST, FL 32137

Mailing Address
1 FLORIDA PARK DR., SOUTH
SUITE 300
PALM COAST, FL 32137

2. Principal Place of Business
215 CELEBRATION PLACE
SUITE 200
CELEBRATION FL 34747

3. Mailing Address
215 CELEBRATION PLACE
SUITE 200
CELEBRATION FL 34747

DUE BY MAY 1, 2003

4. FEI Number 59-3651249 — Applied For / Not Applicable

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ______ Signature, typed or printed name of registered agent and title if applicable DATE

9. Capital Contributions as Shown on record. $60,000,000.00

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL 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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	M00000001191	STREET ADDRESS	
NAME	GINN-ORLANDO GP, LLC		
STREET ADDRESS	1 FLORIDA PARK DR., SOUTH, SUITE 300	CITY-ST-ZIP	215 CELEBRATION PLACE, SUITE 200 CELEBRATION, FL 34747
CITY-ST-ZIP	PALM COAST, FL 32137		
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STAPLE CHECK HERE

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] 4/16/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #