

#B01000000312

08/20/2011 11:15 FAX
Division of Corporations

001/003

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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : GINN DEVELOPMENT COMPANY, LLC
Account Number : I20080000036
Phone : (386)246-5859
Fax Number : (386)246-5856

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: thotalling@hammockbeach.com

REGISTERED AGENT CHANGE
GINN-LA PINE ISLAND LTD., LLLP

Certificate of Status	0
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Estimated Charge	\$35.00

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Ginn-LA Pine Island, LLLP
Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: B01000000312

The enclosed Statement of Change of Registered Office and/or Registered Agent and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Tammy Hotaling
Contact Person
Resort Shared Services, LLC - Legal Department
Firm/Company
200 Ocean Crest Drive, Suite 31
Address
Palm Coast, FL 32137
City, State and Zip Code
thotaling@hammockbeach.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tammy Hotaling at (386) 246-5859
Name of Contact Person Area Code and Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Florida Department of State.

STREET ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

**LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP
STATEMENT OF CHANGE OF REGISTERED OFFICE OR
REGISTERED AGENT, OR BOTH**

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. Ginn-LA Pine Island, LLLP
Name of Limited Partnership or Limited Liability Limited Partnership
2. ~~2/20/2002~~ 09/10/2001 3. B01000000312
Date of filing/registration in Florida Florida document number

4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

John Gray
Name

1 Hammock Beach Parkway, 2nd Floor
Address

Palm Coast, FL 32137
City, State and Zip

5. The name and Florida street address of the new registered agent and/or office:

Virginia Tee, Esq.
Name

200 Ocean Crest Drive, Suite 31 - Legal Dept.
Florida street address (P.O. Box not acceptable)

Palm Coast FL 32137
City, State and Zip

6. Such change(s) is/are effective when filed by the Florida Department of State.

Ginn-LA Pine Island Ltd., LLLP, a Georgia limited liability limited partnership

By: Ginn-Pine Island GP, LLC, a Georgia limited liability company, its general partner

By: Legacy Resort Assets, LLC, a Delaware limited liability company, its manager

By: 
Name: Amy Wilde
Title: Vice President

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.


Signature of Registered Agent

FILED
11 AUG 19 AM 10:00
CLERK OF STATE
TALLAHASSEE, FLORIDA