

B01000000324

CORPORATION(S) NAME

Ginn-LA Bulow, LLLP

01 SEP 18 AM 8:50
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 SEP 18 PM 3:32
RECEIVED
DIVISION OF CORPORAT

BK

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|--|---|---|
| <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 type="checkbox"/> Limited Partnership | <input type="checkbox"/> Annual Report | <input checked="" type="checkbox"/> Other <i>LLP Filing</i> |
| <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 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 type="checkbox"/> Pick Up |
| <input type="checkbox"/> Mail Out | | |

Name _____
Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____

9/18/01

Order#: 4785411
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-09/19/01--01001--011
***1785.00 ***1785.00

Ref#: _____

Amount: \$ _____

660 East Jefferson Street
Tallahassee, FL 32301
Tel. 850 222 1092
Fax 850 222 7615

Florida Department of State, Sandra B. Mortham, Secretary of State

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

1. Ginn-LA Bulow, LLLP
(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 4. September 12, 2001
(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, Florida 33324
(City) (Zip Code)

7. Acceptance by the Registered Agent for Service of Process:
C T Corporation System

Connie Bayar Connie Bayar, Special Ass't. Secy.
(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-Bulow GP, LLC Suite 300, 1 Florida Park Drive, South
Palm Coast, FL 32137

MULVUW2103

10. Suite 300, 1 Florida Park Drive, South, 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

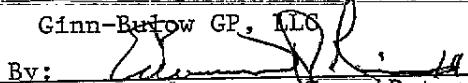
12. Suite 300, 1 Florida Park Drive, South, Palm Coast, FL 32173

(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.

This 12th day of September, XX 2001

Ginn-Below GP, LLC

By: 
General Partner

Edward R. Ginn, III, Manager

STATE OF Georgia

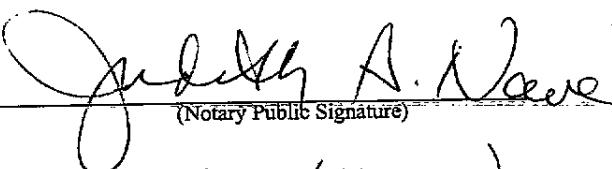
COUNTY OF Fulton

On this 12th day of September, XX 2001

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)


(Notary's Printed Name)

Notary Public, Dekalb County, Georgia
My Commission Expires May 20, 2005

Seal

My Commission Expires: _____

AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR FOREIGN LIMITED PARTNERSHIP

BEFORE ME the undersigned personally appeared Edward R. Ginn, III, Manager of Ginn-Bulow GP, LLLP,
a general partner of Ginn-LA Bulow, LLLP, xxx Gerogia

limited partnership, hereinafter referred to as the "Partnership", who certifies as follows:

1. The amount of capital contributions of the limited partners is \$ 389,011.00
2. The anticipated amount of the capital contributions of the limited partners that are allocated for the purposes of transacting business in Florida is \$ 1000,000.00

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.

This 12th day of September, xx 2001.


Edward R. Ginn, III, Manager of the General Partner

STATE OF Georgia

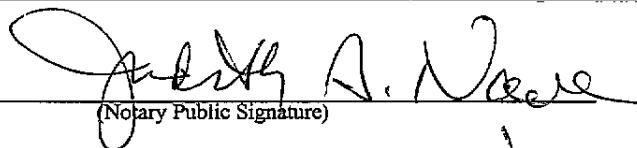
COUNTY OF Fulton

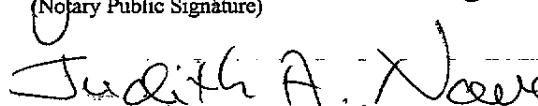
On this 12th day of September, xx 2001,

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)


(Notary's Printed Name)

Seal

My Commission Expires:

Notary Public, Dekalb County, Georgia
My Commission Expires May 20, 2005