

**LIMITED PARTNERSHIP  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **B02000000026**

1. Entity Name

GINN-LA HILLCREST LTD., LLLP

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
02 APR -4 PM 2:02

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

1 FLORIDA PARK DRIVE S.

3. Mailing Address

1 FLORIDA PARK DRIVE S.

Suite, Apt. #, etc.

SUITE 300

Suite, Apt. #, etc.

SUITE 300

City & State

PALM COAST, FLORIDA

City & State

PALM COAST, FLORIDA

Zip

32137

Country

USA

Zip

32137

Country

USA

DO NOT WRITE IN THIS SPACE

**DUE BY MAY 1**

4. FEI Number

03-0380742

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE  
IN THIS SPACE**

7. 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

City

PLANTATION

**FL**

Zip Code

33324

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions  
as Shown on record.

**12,500,000.00**

10. Amount of Capital Contributions

in FLORIDA to date. **\$10,000,000.00**

11. MAKE CHECK PAYABLE TO 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

DOCUMENT # **M02000000012**  
NAME GINN-HILLCREST GP, LLC  
STREET ADDRESS 1 FLORIDA PARK DRIVE S. #300  
CITY-ST-ZIP PALM COAST, FLORIDA 32137

STREET ADDRESS

CITY-ST-ZIP

**900005236229--1**  
**-04/10/02--01063--019**

**\*\*\*\*526.25 \*\*\*\*526.25**

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CITY-ST-ZIP

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

EDWARD R. GINN, III, MGR

SIGNATURE:

**3-26-02**

386-446-8446

CR2E003B (12/01)