

B03000000040

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

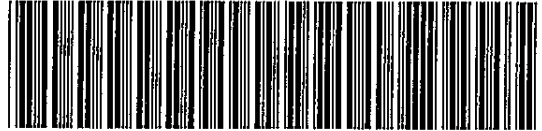
(Business Entity Name)

(Document Number)

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CT CORPORATION

January 30, 2003

Secretary of State, Florida  
409 East Gaines Street  
Tallahassee FL 32399

Re: Order #: 5777850 SO  
Customer Reference 1:  
Customer Reference 2:

Dear Secretary of State, Florida:

Please file the attached:

Ginn-LA Hammock Beach Ltd., LLLP (GA)  
Registration  
Florida

I also need a Status Certificate after this is filed. Thanks!

Enclosed please find a check for the requisite fees. Please return evidence of filing(s) to my attention.

If for any reason the enclosed cannot be filed upon receipt, please contact me immediately at (850) 222-1092. Thank you very much for your help.

Sincerely,

Ashley A Mitchell  
Fulfillment Specialist  
Ashley\_Mitchell@cch-lis.com

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

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FILE  
SECOND  
PLEASE

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

1. Ginn-LA Hammock Beach Ltd., 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. January 29, 2003  
(State of Formation) (Date of Formation)

5. CT Corporation System  
(Name of Registered Agent for Service of Process)

6. 1200 South Pine Island Road  
(Street Address of Registered Office)

Platation, Florida 33324  
(City) (Zip Code)

7. Acceptance by the Registered Agent for Service of Process:

Carrie B...  
(Agent must sign on this line)

GOVERNMENT  
SPECIAL ASSISTANT

8. 3343 Peachtree Road, NE, Suite 1600, Atlanta, Georgia 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
<u>Ginn-Hammock Beach GP, LLC</u>	<u>215 Celebration Place</u>
<u>MO3-387</u>	<u>Suite 200</u>
	<u>Celebration, FL 34747</u>

10. 215 Celebration Place, Ste 200, Celebration, FL 34747  
(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.

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12. 215 Celebration Place, Ste 200, Celebration, FL 34747

(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.

Signed this 27<sup>th</sup> day of January, 2003

Ginn-Hammock Beach GP, LLC

General Partner

BY: Edward R. Ginn, III, Manager

STATE OF Florida

COUNTY OF Osceola

On this 27<sup>th</sup> day of January, 2003

Edward R. Ginn, III personally appeared before me,

☒ who is personally known to me

☐ whose identity I proved on the basis of \_\_\_\_\_

[Signature]  
(Notary Public Signature)

MARITZA ARIAS  
(Notary's Printed Name)

Seal

My Commission Expires: 3/22/2005

MARITZA ARIAS  
NOTARY PUBLIC - STATE OF FLORIDA  
COMMISSION # DD011490  
EXPIRES 3/22/2005  
BONDED THRU 1-888-NOTARY1

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**AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR A FOREIGN LIMITED PARTNERSHIP**

BEFORE ME the undersigned personally appeared Edward R. Ginn, III, Manager of Ginn-Hammock Beach GP, LLC  
a general partner of Ginn-Hammock Beach Ltd., LLP, a (an) Georgia  
limited partnership, hereinafter referred to as the "Partnership", who certifies as follows:

1. The amount of capital contributions of the limited partners is \$15,000,000.
2. The anticipated amount of the capital contributions of the limited partners that are allocated for the purposes of transacting business in Florida is \$15,000,000.

*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.*

Signed this 27th day of January, 2003.

  
\_\_\_\_\_  
General Partner  
Edward R. Ginn, III, Manager of the General Partner,  
Ginn-Hammock Beach GP, LLC

STATE OF Florida

COUNTY OF Osceola

On this 27th day of January, 2003.

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)

MARITZA ARIAS  
\_\_\_\_\_  
(Notary's Printed Name)

Seal

My Commission Expires: 3/22/2005

MARITZA ARIAS  
NOTARY PUBLIC - STATE OF FLORIDA  
COMMISSION # 00011480  
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