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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

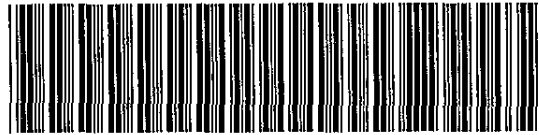
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10/04/04--01065--011 **87.50

FILED
RECEIVED
04 OCT -4 PM 3:39
04 OCT -4 PM 12:10
DEPT. OF STATE
DIVISION OF CORPORATIONS
SEAL CITY OF STATE
TALLAHASSEE, FLORIDA

[Handwritten signature]

CT CORPORATION

October 4, 2004

FILED
04 OCT -4 PM 3:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Re: Order #: 6204817 SO
Customer Reference 1:
Customer Reference 2:

Dear Department of State, Florida:

Please file the attached:

Ginn-LA Charleston Holdings LTD, LLLP (GA)
Registration
Florida

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,

Connie R Bryan
Manager Fulfill Ctr
Connie_Bryan@cch-lis.com

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

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

FILED
04 OCT -4 PM 3:39
CLERK OF STATE
TALLAHASSEE, FLORIDA

1. Ginn-LA Charleston Holdings Ltd., LLLP
(Name of limited partnership as it is in the home state)
2. _____
(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. 8/17/2004
(State of Formation) (Date of Formation)
5. CT Corporation System
(Name of Registered Agent for Service of Process)
6. 1200 South Pine Island Rd.,
(Street Address of Registered Office)
- Plantation Florida 33324
(City) (Zip Code)
7. Acceptance by the Registered Agent for Service of Process:
- Conie Bay
(Agent must sign on this line)
8. 3343 Peachtree Rd., Ste 1600
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-Charleston Holdings GP, LLC 215 Celebration PI Ste. 200
- MY 000003646 Celebration, FL 34747
10. 215 Celebration PI 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.

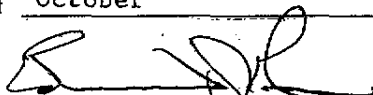
CONTINUED

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 1st day of October, 2004



General Partner

STATE OF Georgia

COUNTY OF Fulton

On this 1st day of October, 2004

Edward R. Ginn, III, personally appeared before me,

☒ who is personally known to me

☐ whose identity I proved on the basis of _____

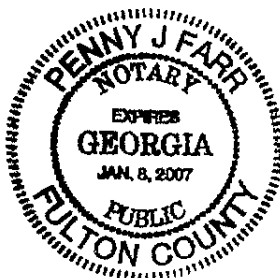


(Notary Public Signature)

Penny J. Farr
(Notary's Printed Name)

Seal

My Commission Expires: 1/8/2007




AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR A FOREIGN LIMITED PARTNERSHIP

BEFORE ME the undersigned personally appeared Edward R. Ginn, III, Mgr of GP
a general partner of Ginn-LA Charleston Holdings 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 \$ 2,000,000.00
2. The anticipated amount of the capital contributions of the limited partners that are allocated for the purposes of
transacting business in Florida is \$ 0.00

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.

Signed this 1st day of October, 2004.



General Partner

STATE OF GEORGIA

COUNTY OF FULTON

On this 1st day of October, 2004,

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)
Penny J. Farr
(Notary's Printed Name)

Seal

My Commission Expires: 1/8/2007

