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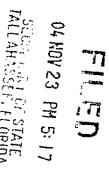
(Requestor's Name)	
(Address)	_
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(City/State/Zip/Phone #)	_
PICK-UP WAIT MAIL	
(Business Entity Name)	_
(Document Number)	_
Certified Copies Certificates of Status	_
Special Instructions to Filing Officer:	7
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CT CORPORATION

November 23, 2004

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



Re:

Order #: 6242747 SO

Customer Reference 1:

Customer Reference 2:

Dear Department of State, Florida:

Please obtain the following:

Ginn-LA Battle Two Ltd., LLLP (GA) Registration Florida

Enclosed please find a check for the requisite fees. Please return document(s) to the attention of the undersigned.

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

Sincerely,

Jennifer Murphy
Fulfillment Specialist
Jennifer_Murphy@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

(Name of limited partnership as it is in the home state) In the finance is unavailable, name under which the limited partnership proposes to register or transact business in Flore must contain the word "LIMITED" or "LTD.") Georgia 4 11/1/2004 (State of Formation) CT Corporation System (Name of Registered Agent for Service of Process) 1200 South Pine Island Rd., (Street Address of Registered Office) Plantation (City) Acceptance by the Registered Agent for Service of Process: CONNIE BRY AND SECRETARY (Agent must sign on this line) 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.) NAMES OF GENERAL PARTNERS STREET ADDRESS Sinn-Battle Two GP, LLC 215 Celebration PI Ste. 200	Ginn-LA Battle Two Ltd., LLLP	P.C.
(State of Formation) (State of Formation) (Name of Registered Agent for Service of Process) (Name of Registered Agent for Service of Process) (Street Address of Registered Office) antation (City) (City) (City) (City) (City) (City) (City) (Agent must sign on this line) (Address of registered office required in state of formation or, if not required, address of principal office.) (Address of GENERAL PARTNERS STREET ADDRESS nn-Battle Two GP, LLC (Date of Formation)		ership as it is in the home state)
(State of Formation) (State of Formation) (Date of Formation) (Date of Formation) (The Corporation System (Name of Registered Agent for Service of Process) (Street Address of Registered Office) (Street Address of Registered Office) (City) (City) (City) (City) (City) (City) (City) (City) (City) (Agent must sign on this line) 343 Peachtree Rd., Ste 1600 (Address of registered office required in state of formation or, if not required, address of principal office.) AMES OF GENERAL PARTNERS STREET ADDRESS nn-Battle Two GP, LLC 215 Celebration PI Ste. 200		
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(Name of Registered Agent for Service of Process) 200 South Pine Island Rd., (Street Address of Registered Office) Intation (City) (City) (Zip Code) Conne Bry And Special Assistant Secretary (Agent mist sign on this line) 343 Peachtree Rd., Ste 1600 Itlanta, GA 30326 (Address of registered office required in state of formation or, if not required, address of principal office.) AMES OF GENERAL PARTNERS STREET ADDRESS n-Battle Two GP, LLC 215 Celebration PI Ste. 200	(State of Formation)	
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CONNIE BRYAN Consider Bryan Connie BRYAN Agent must sign on this line) 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.) NAMES OF GENERAL PARTNERS STREET ADDRESS inn-Battle Two GP, LLC 215 Celebration PI Ste. 200	(Street Address	of Registered Office)
CONNIE BRYAIN CONNIE BRYAIN PECIAL ASSISTANT SECRETARY (Agent mist sign on this line) 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.) NAMES OF GENERAL PARTNERS STREET ADDRESS inn-Battle Two GP, LLC 215 Celebration PI Ste. 200	antation	Florida 33324
CONNIE BRYAND SPECIAL ASSISTANT SECRETARY (Agent must sign on this line) 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.) NAMES OF GENERAL PARTNERS STREET ADDRESS nn-Battle Two GP, LLC 215 Celebration PI Ste. 200	(City)	(Zip Code)
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Atlanta, GA 30326 (Address of registered office required in state of formation or, if not required, address of principal office.) NAMES OF GENERAL PARTNERS STREET ADDRESS nn-Battle Two GP, LLC 215 Celebration PI Ste. 200		isign on this inte
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NAMES OF GENERAL PARTNERS STREET ADDRESS nn-Battle Two GP, LLC 215 Celebration PI Ste. 200		ormation or, if not required, address of principal office.)
•	-	
·	nn-Battle Two GP, LLC	215 Celebration Pl Ste. 200
Celebration, FL 34747	motono ofxio	Celebration, FL 34747

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.

12. 215 Celebration Place, Ste. 200
Celebration, FL 34747 (Mailing Address of Limited Partnership)
(Mailing Address of Limited Partnership)
Under penalties of perjury I, being duly sworn, declare that I have read the foregoing and know the contents there and that the facts stated herein are true and correct.
Signed this 19th day of November , 2004 Ginn Barrle Tvd GP, LLC BY: Edward R. Ginn, III, Mgr/General Parmer
STATE OF Georgia
COUNTY OF Fulton
On this 19thday of November , 2004 .
Edward R. Ginn, III, personally appeared before me,
who is personally known to me
whose identity I proved on the basis of
GEORGIA Permy M. a Forr (Notarys Print o Name) UBLIC UBLIC 1/8/2004

AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR A FOREIGN LIMITED PARTNERSHIP

BEFORE ME the undersigned personally appeared Edward R. Ginn, III
Manager of the a general partner of
limited partnership, hereinafter referred to as the "Partnership", who certifies as follows:
1. The amount of capital contributions of the limited partners is \$_25,000,000.00
2. The anticipated amount of the capital contributions of the limited partners that are allocated for the purposes of
transacting business in Florida is \$ 25,000,000.00
name of the state
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 19th day of November , 2004 . Ginn Battle Two GP, LLC
BY: Edward R. Ginn, Mgr of General Partner
STATE OF Georgia
COUNTY OF Fulton
On this 19th day of November , 2004,
Edward R. Ginn, III , personally appeared before me,
who is personally known to me
whose identity I proved on the basis of
(Notary) ushic signature) EDOWNERS GEORGIA
Penny J. Farm
(Notary's Printed and)BLIC
Seal My Commission Expires: 18/07