

B05 0000000176

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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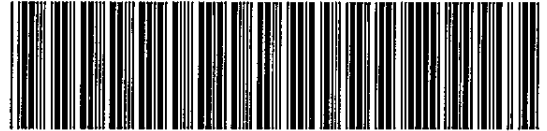
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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FILED  
05 APR 14 PM 4:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CT CORPORATION

April 14, 2005

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

**FILED**  
05 APR 14 PM 4:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Re: Order #: 6342842 SO  
Customer Reference 1:  
Customer Reference 2:

Dear Department of State, Florida:

Please obtain the following:

GINN-LA Laurel Creek 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,

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**  
05 APR 14 PM 4:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. Ginn-LA Laurel Creek 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

(State of Formation)

4. March 25, 2005

(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

(City)

Florida 33324

(Zip Code)

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

**CONNIE BRYAN**  
**SPECIAL ASSISTANT SECRETARY**

Connie Bryan

(Agent must sign on this line)

8. 215 Celebration Place, Suite 200

Celebration, FL 34747

(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-Laurel Creek GP, LLC

215 Celebration Place

105000001423

Suite 200

Celebration, FL 34747

10. 215 Celebration Place, Suite 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 11<sup>th</sup> day of April, 2005

BY: Ginn-Laurel Creek GP, LLC, its General Partner

BY: John P. Klumph, Executive Vice President  
General Partner

STATE OF

Florida

COUNTY OF

Osceola

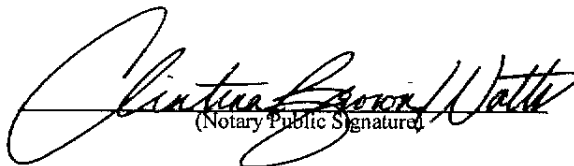
On this 11<sup>th</sup> day of April, 2005

John P. Klumph

, personally appeared before me,

☒ who is personally known to me

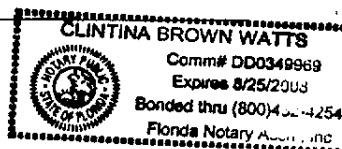
☐ whose identity I proved on the basis of \_\_\_\_\_

  
(Notary Public Signature)

Clintina Brown Watts  
(Notary's Printed Name)

Seal

My Commission Expires:



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

BEFORE ME the undersigned personally appeared John P. Klumph, ExVP of Ginn-Laurel Creek GP, LLC,  
a general partner of Ginn-LA Laurel Creek Ltd., LLLP, 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 \$ 65,000,000.00
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 -.

*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 11<sup>th</sup> day of April, 2005.

BY: Ginn-Laurel Creek GP, LLC, General Partner

[Signature]  
BY: John P. Klumph, Executive Vice President  
General Partner

STATE OF Florida

COUNTY OF Osceola

On this 11<sup>th</sup> day of April, 2005,

John P. Klumph, personally appeared before me,

☒ who is personally known to me

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

[Signature]  
(Notary Public Signature)  
Clintina Brown Watts  
(Notary's Printed Name)

Seal

My Commission Expires: \_\_\_\_\_

