

B05000000345

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

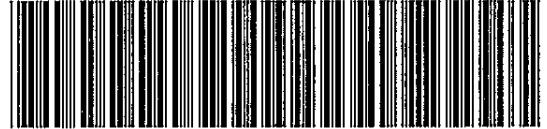
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FILED
05 AUG 10 PM 4:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
05 AUG 10 PM 12:04
STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

CT CORPORATION

August 10, 2005

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

FILED
05 AUG 10 PM 4:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Re: Order #: 6417951 SO
Customer Reference 1: 8105/47264
Customer Reference 2:

Dear Department of State, Florida:

Please obtain the following:

Ginn-LA Burski 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

1203 Governors Square Boulevard
Tallahassee, FL 32301-2960
Tel. 850 222 1092
Fax 850 222 7615

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

FILED
05 AUG 18 PM 4:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Ginn-LA Burski 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. 5-16-2005
(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)
Plantation Florida 33324
(City) (Zip Code)
7. Acceptance by the Registered Agent for Service of Process:
Connie Bryan **CONNIE BRYAN**
(Agent must sign on this line) **SPECIAL ASSISTANT SECRETARY**
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-Burski GP, LLC 215 Celebration Place, Suite 200
MA500003042 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, Suite 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 3rd day of July August 2005

BY: Ginn-Burski GP, LLC - General Partner

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

STATE OF Florida

COUNTY OF Osceola

On this 3rd day of July August 2005

John P. Klumph

personally appeared before me,

☒ who is personally known to me

☐ whose identity I proved on the basis of _____

Latavea Cross
(Notary Public Signature)

NOTARY PUBLIC-STATE OF FLORIDA
Latavea Cross
Commission # DD417104
Expires: APR. 11, 2009
Bonded Thru Atlantic Bonding Co., Inc.

Seal

My Commission Expires: _____

AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR A FOREIGN LIMITED PARTNERSHIP

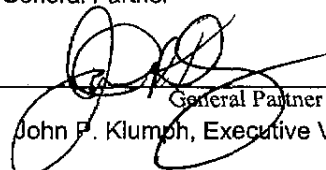
BEFORE ME the undersigned personally appeared John P. Klumph, ExVP of Ginn-Burski GP, LLC
a general partner of Ginn-LA Burski Ltd., LLLP, a (an) Georgia
limited partnership, hereinafter referred to as the "Partnership", who certifies as follows:

1. The amount of capital contributions of the limited partners is \$ 40,000,000.00
2. The anticipated amount of the capital contributions of the limited partners that are allocated for the purposes of transacting business in Florida is \$ 40,000,000.00

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 3rd day of August, 2005

BY: Ginn-Burski GP, LLC - General Partner


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

STATE OF Florida

COUNTY OF Osceola

On this 3rd day of August, 2005

John P. Klumph, personally appeared before me,

☒ who is personally known to me

☐ whose identity I proved on the basis of _____

Latavea Cross
(Notary Public Signature)

NOTARY PUBLIC-STATE OF FLORIDA

Latavea Cross

(Notary's Public Seal) Commission # DD417104

Expires: APR. 11, 2009

Bonded Thru Atlantic Bonding Co., Inc.

Seal

My Commission Expires: _____