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(Req	uestor's Name)	
bbA)	ress)	
(Add	ress)	
City	/State/Zip/Phon	a #0
PICK-UP		MAIL
(Busi	ness Entity Nar	ne)
(Docu	ument Number)	<u> </u>
Certified Copies	Certificates	s of Status
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SUCKERARY OF STATE

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CT CORPORATION

August 10, 2005

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



Re: Order #: 6417963 SO

Customer Reference 1: 12594/37854

Customer Reference 2:

Dear Department of State, Florida:

Please obtain the following:

Ginn-LA West End 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



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

August 11, 2005

C T CORPORATION SYSTEM

TALLAHASSEE, FL

SUBJECT: GINN-LA WEST END LTD., LLLP

Ref. Number: W05000037938

We have received your document for GINN-LA WEST END LTD., LLLP and your check(s) totaling \$1785.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please note that we have RETAINED your \$1,785.00 payment.

As discussed, before this limited partnership can be qualified, its general partner -- GINN-LA WEST END GP, LLC -- will have to be qualified in Florida.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6914.

Buck Kohr Document Specialist

Letter Number: 705A00051530



CT CORPORATION

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

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Sincerely,

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Connie R Bryan Manager Fulfill Ctr Connie_Bryan@cch-lis.com OS AUG IS PA 3: 03



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

Ginn-LA West End Ltd., LLLP		
(Name of limited partners)	ership as it is in the home state)	
2. (If name is imavailable, name under which the limited in	partnership proposes to register or transact business in Florid "LIMITED" or "LTD.")	
must contain the wo	ord "LIMITED" or "LTD.")	
Georgia	4. 11-02-2004	
(State of Formation)	(Date of Formation)	
CT CODDODATION SYSTEM	SER OF B	
5. CT CORPORATION SYSTEM Name of Registered 4	Agent for Service of Process)	
(Table of Registered)	igoni loi sorvice di riscossi	
6. 1200 South Pine Island Road	7	
(Street Addres	s of Registered Office)	
Plantation	Florida 33324	
(City)	(Zip Code)	
7. Acceptance by the Registered Agent for Service of I	Process:	
•	CONNIE BRYAN	
_ Consis Bry	SPECIAL ASSISTANT STARTES st sign on this line)	
8. 3343 Peachtree Rd., Ste 1600	st sign on this line)	
8		
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 - West End GP, LLC	215 Celebration Place, Suite 200	
MOHOUDUS 4861	0.1.1.11.17.17.17	
Whom	Celebration, FL 34747	
10. 215 Celebration Place, Suite 200, Cel	ebration, 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.

My Commission Expires:_

Seal