

B05000000450

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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(Business Entity Name)

(Document Number)

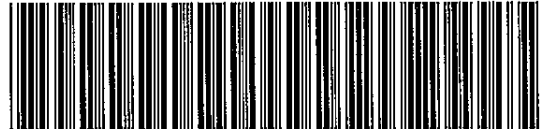
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FILED
05 OCT 21 PM 2:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
05 OCT 21 AM 11:48
TALLAHASSEE, FLORIDA

CT CORPORATION

October 21, 2005

Department of State, Florida
Clifton Building
2611 Executive Center Circle
Tallahassee FL 32301

05 OCT 21 PM 2:12
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Re: Order #: 6481017 SO
Customer Reference 1:
Customer Reference 2:

Dear Department of State, Florida:

Please obtain the following:

Ginn-LA Rio 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,



Ashley A Mitchell
Fulfillment Specialist
Ashley.Mitchell@wolterskluwer.com

1203 Governors Square Blvd.
Tallahassee, FL 32301-2960
Tel. 850 222 1092
Fax 850 222 7515

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

1. Ginn-LA Rio 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. April 27, 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 Bruyer Special Asst. Secy

(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-Rio GP, LLC

215 Celebration Place

m 0500005847

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

FILED
05 OCT 21 PM 2:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 _____ day of October, 2005

BY: Ginn-Ria OP, LLC, its General Partner

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

STATE OF _____

COUNTY OF Osceola

On this 18th day of October, 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)

NOTARY PUBLIC-STATE OF FLORIDA
Latavea Cross
Commission # DD-117044
Expires: APR. 11, 2009
Bonded thru Atlantic Bonding Co., Inc.



Seal

My Commission Expires: _____

AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR A FOREIGN LIMITED PARTNERSHIP

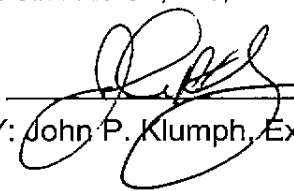
BEFORE ME the undersigned personally appeared John P. Klumph, EVP/Ginn-Rio GP, LLC
a general partner of Ginn-LA Rio Ltd., LLLP, a (an) Georgia
limited partnership, hereinafter referred to as the "Partnership", who certifies as follows:

1. The amount of capital contributions of the limited partners is \$ 20,000,000.00
2. The anticipated amount of the capital contributions of the limited partners that are allocated for the purposes of transacting business in Florida is \$ 20,000,000.00

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 18th day of October, 2005.

BY: Ginn-Rio GP, LLC, General Partner


BY: John P. Klumph, Executive Vice President

STATE OF Florida

COUNTY OF Osceola


On this 18th day of October, 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)

NOTARY PUBLIC-STATE OF FLORIDA
 **Latavea Cross**
(Notary's Printed Name) Commission # **BD417104**
Expires: **APR. 11, 2009**
Bonded Thru Atlantic Bonding Co., Inc.
Seal My Commission Expires: _____