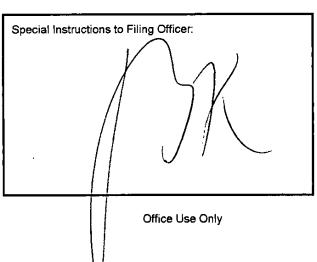
# 1306000000273

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	idress)	
(Cir	ty/State/Zip/Phon	e #)
PICK-UP	MAIT	MAIL
(Bu	usiness Entity Na	me)
(Do	cument Number	)
Certified Copies	Certificate	s of Status





600076919046

\*\*1000.00 07/10/06--01022--002



CT 1203 Governors Square Blvd. Tallahassee, FL 32301-29<u>6</u>0 850 222 1092 tel 850 222 7615 fax www.ctlegalsolutions.com

July 10, 2006

Department of State, Florida Clifton Building 2611 Executive Center Circle Tallahassee FL 32301 THE JUL 10 PH 2:51

Re: Order #: 6682409 SO

Customer Reference 1: 17819.55936 Customer Reference 2: 17820.55935

Dear Department of State, Florida:

Please obtain the following:

Ginn-LA Quail West Non-CS Assets 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 Senior Fulfillment Specialist Connie.Bryan@wolterskluwer.com

#### **COVER LETTER**

THE DELLED PH 2:51

TO: Registration Section

**Division of Corporations** 

SUBJECT: Ginn-LA Quail West Non-CS Assets Ltd., LLLP

(Name of Foreign Limited Partnership or Limited Liability Limited Partnership)

The enclosed application, certificate of status and fees are submitted to register a foreign limited partnership or limited liability limited partnership to transact business in Florida. Please return all correspondence concerning this matter to:

Penny J. Farr			
	(Contact Person)		
Morris Manning	g & Martin, LL	.P	
	(Firm/Company)	<del> </del>	
3343 Peachtre	e Road, Suite	1600	
	(Address)		
Atlanta, Georg	jia 30326		
(Ci	ty, State and Zip Code)		
For further information	n concerning this ma	iter, please call:	
Penny J. Farr		at (404 ) 50	4-5468
(Name of Contact	Person)		ytime Telephone Number)
Enclosed is a check for	r the following amou	nt:	
	☐\$1,008.75 Filing Fees and Certificate of Status	\$1,052.50 Filing Fees and Certified Copy	\$1,061.25 Filing Fee, Certified Copy; and Certificate of Status
STREET ADDRESS:		MAILING A	DDRESS:
Registration Section		Registration S	Section
Division of Corporations		Division of Corporations	
Clifton Building		P. O. Box 6327	
2661 Executive Center Tallahassee, FL 32301		Tallahassee, F	FL 32314

## APPLICATION BY FOREIGN LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP TO TRANSACT BUSINES IN FLORIDA

## L Ginn-LA Quail West Non-CS Assets Ltd., LLLP

The state of the s (Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix) Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd. Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P. or LLLP.

	the limited partnership or limited liability limited partnership usiness in Florida; must contain acceptable suffix.)
<sub>2.</sub> Georgia	<sub>3</sub> May 31, 2006
(State or Country of Formation)	(Date of Formation)
4 CT Corporation Syste	
(Name of Regist	ered Agent for Service of Process)
5. 1200 South Pine Islan	d Road
(Florida stree	t address for Registered Agent)
Plantation, FL 33324	
6. I hereby accept the appointment as regist comply with the provisions of all statutes rela and I am familiar with an accept the obligation	ered agent and agree to act in this capacity. I further agree to utive to the proper and complete performance of my duties, ons of my position as registered agent.
Signat	CONNIE BRYAN  PECIAL ASSISTANT SECRETARY  Ure of Registered Agent
7. 215 Celebration Place, S	Suité 200
(Pri	ncipal office address)
Celebration, FL 34747	
8. If limited partnership is a limited li	ability limited partnership, check box

9. 215 Celebration Place, Su (Mail	ling address)			
Celebration, FL 34747				
10. Name, principal office address, and mailing address of each general partner:				
Ginn-Quail West Non-CS Assets GP, LLC	215 Celebration Place, Suite 20			
MU6000003724	Celebration, FL 34747			
(1000	(Mailing Address)			
(Name)	(Street Address)			
	(Mailing Address)			
(Name)	(Street Address)			
	(Mailing Address)			
(Name)	(Street Address)			
	(Mailing Address)			

Page 2 of 3

(Name)	(Street Address)
	(Mailing Address)
(Name)	(Street Address)
	(Mailing Address)
. Effective date, if other than the date o	of filing:
Effective date cannot be prior to r led by the Florida Department of	nor more than 90 days after the date this document is (State.)
the delivery of this application to	stence duly authenticated, not more than 90 days prior to the Florida Department of State, by the Secretary of ody of the entity's records in the jurisdiction under the
igned this day	, of July ,20 <u>06</u>
gnature of a general partner: nn-Quali West Non-CS Assets GF	P, LLC
y: John P. Klumph, Executive Vice	President
iling Fees: ertified Copy (optional): ertificate of Status (optional):	\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee) \$52.50 \$8.75

Control No. 0636622

# STATE OF GEORGIA

## Secretary of State

Corporations Division
315 West Tower
#2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

## CERTIFICATE OF EXISTENCE

I, Cathy Cox, Secretary of State and the Corporations Commissioner of the state of Georgia, hereby certify under the seal of my office that

## GINN-LA QUAIL WEST NON-CS ASSETS LTD., LLLP

### **Domestic Limited Partnership**

was formed or was authorized to transact business on 05/31/2006 in Georgia. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.



WITNESS my hand and official seal of the City of Atlanta and the State of Georgia on 31st day of May, 2006

Cathy Cox Secretary of State

Certification Number: 82202-1 Reference:

Verify this certificate online at http://corp.sos.state.ga.us/corp/soskb/verify.asp