

Document Number Only

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CT Corporation System
660 East Jefferson Street
Tallahassee, FL 32301
Tel 850 222 1092
Fax 850 222 7615
Attn: Jeff Netherton

100002757281--6
-01/28/99--01048--017
***1785.00 ***1785.00

CORPORATION(S) NAME

Northshore Ocean Hammock Investment, L.P.

<input type="checkbox"/> Profit	<input type="checkbox"/> Amendment	<input type="checkbox"/> Merger
<input type="checkbox"/> Nonprofit		
<input checked="" type="checkbox"/> Foreign	<input type="checkbox"/> Dissolution/Withdrawal	<input type="checkbox"/> Mark
	<input type="checkbox"/> Reinstatement	
<input checked="" type="checkbox"/> Limited Partnership	<input type="checkbox"/> Annual Report	<input type="checkbox"/> Other
<input type="checkbox"/> LLC	<input type="checkbox"/> Name Registration	<input type="checkbox"/> Change of RA
	<input type="checkbox"/> Fictitious Name	<input type="checkbox"/> UCC
<input type="checkbox"/> Certified Copy	<input type="checkbox"/> Photocopies	<input type="checkbox"/> CUS
<input type="checkbox"/> Call When Ready	<input type="checkbox"/> Call If Problem	<input type="checkbox"/> After 4:30
<input checked="" type="checkbox"/> Walk In	<input type="checkbox"/> Will Wait	<input checked="" type="checkbox"/> Pick Up
<input type="checkbox"/> Mail Out		

99 JAN 28 PM 2:41

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DIVISION OF CORPORATIONS

Name _____
Availability _____
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Verifier _____
Acknowledgement _____
W.P. Verifier _____

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File Second

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64821

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

1. Northshore Ocean Hammock Investment, L.P.
(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. January 27, 1999
(State of Formation) (Date of Formation)

5. CT Corporation System
(Name of Registered Agent for Service of Process)

6. 1200 S. 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
SPECIAL ASSISTANT SECRETARY

Connie Bryan
(Agent must sign on this line)

8. Suite 1600, 3343 Peachtree Road NE
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

<u>Hammock GP, LLC</u>	<u>1099-117</u>	<u>Unit B, 12 Palm Harbor Office Park Dr.</u>
		<u>Palm Coast, FL 32132</u>

10. Unit B, 12 Palm Harbor Office Park Drive, Palm Coast, FL 32132
(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.

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12. Unit B, 12 Palm Coast Office Park Drive

Palm Coast, FL 32132

(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 26 day of JAN, 19 99

Hammock GP, LLC

BY: [Signature] Manager
General Partner

STATE OF Florida Georgia

COUNTY OF _____

On this 26 day of January, 19 99

Edward R. Ginn

personally appeared before me,

☒ who is personally known to me

☐ whose identity I proved on the basis of _____

[Signature]
(Notary Public Signature)

Robert W. Reardon
(Notary's Printed Name)

Seal

My Commission Expires: _____

Notary Public, Cobb County, Georgia
My Commission Expires July 1, 2000

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

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BEFORE ME the undersigned personally appeared Edward R. Ginn, Manager of Hammock GP, LP
a general partner of Northshore Ocean Hammock Investment, L.P., Inc. Georgia
limited partnership, hereinafter referred to as the "Partnership", who certifies as follows:

1. The amount of capital contributions of the limited partners is \$10,000,000.
2. The anticipated amount of the capital contributions of the limited partners that are allocated for the purposes of transacting business in Florida is \$10,000,000.

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 26 day of January, 1999.

Edward R. Ginn

General Partner

STATE OF Florida Georgia

COUNTY OF Fulton

On this 26th day of January, 1999.

Edward R. Ginn, personally appeared before me,

☒ who is personally known to me

☐ whose identity I proved on the basis of _____

Robert W. Zeandan
(Notary Public Signature)

Robert W. Zeandan
(Notary's Printed Name)

Seal

My Commission Expires: Notary Public, Cobb County, Georgia
My Commission Expires July 1, 2000