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(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(,,,,,
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Codifical Conins
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SECRETARY OF STATE
ALL ARRESTS FLOSIN

B. BOSTICK
APR 2 2 2011
EXAMINER

COVER LETTER

Division of Corporations	
SUBJECT: LRA Naples, LLC	
	g Florida Limited Company)
	of Organization, and fees are submitted to convert an Liability Company" in accordance with s. 608.439, F.S.
Please return all correspondence concerning this n	natter to:
Tammy Hotaling	
(Contact Person)	
LRA-Legal Department	
(Firm/Company)	
1 Hammock Beach Parkway, 2nd Floor	
(Address)	TAL
Palm Coast, Florida 32137	APR APR
(City, State and Zip Code)	200 200 200 200 200 200 200 200 200 200
thotaling@hammockbeach.com	
E-mail address: (to be used for future annual report notifica-	ations)
For further information concerning this matter, pl	ort #
Tammy Hotaling at (386 <u>246-5859</u> [≻]
(Name of Contact Person)	(Area Code and Daytime Telephone Number)
Enclosed is a check for the following amount:	
	Certified Copy \$185.00 Filing Fees, Certified Copy, and Certificate of Status
STREET ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	MAILING ADDRESS: Registration Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

Certificate of Conversion

For

"Other Business Entity"

Into

Florida Limited Liability Company

This Certificate of Conversion and attached Articles of Organization are submitted to convert the following "Other Business Entity" into a Florida Limited Liability Company in accordance with s.608.439, Florida Statutes.

5.006.459, Plotida Statutes.	
1. The name of the "Other Business Entity" immediately prior to the filing of Conversion is:	_ •
Ginn-LA Naples Ltd., LLLP	1000000120
(Enter Name of Other Business Entity)	<u></u> ,
2. The "Other Profess Entity" is a limited lightlifty limited partnership.	
2. The "Other Business Entity" is a <u>limited liability limited partnership</u> (Enter entity type. Example: corporation, limited part	
general partnership, common law or business trust,	L '
first organized, formed or incorporated under the laws of Georgia	
(Enter state, or if a non-U.S. entity, the name of the co	ountry)
on 4/2/2001	
(Enter date "Other Business Entity" was first organized, formed	or incorporated)
3. If the jurisdiction of the "Other Business Entity" was changed, the state or which it is now organized, formed or incorporated:	
NA	Alla,
4. The name of the Florida Limited Liability Company as set forth in the atta Organization:	Sci. 2
LRA Naples, LLC	9: 2 PRI
(Enter Name of Florida Limited Liability Compa	ny)
5. If not effective on the date of filing, enter the effective date: (The effective date: 1) cannot be prior to nor more than 90 days after the filed by the Florida Department of State; AND 2) must be the same as the attached Articles of Organization, if an effective date is listed therein.)	ance this document is
6. The conversion is permitted by the applicable law(s) governing the other but conversion complies with such law(s) and the requirements of s.608.439, F.S.,	isiness entity and the , in effecting the conversion.

7. The "Other Business Entity" currently exists on the official records of the jurisdiction under which it is

currently organized, formed or incorporated.

Signed this 21st day of April 2011			
Signature of Member or Authorized Representative of Limited Liability Company: Individual signing affirms that the facts stated in this document are true. Any false informatitutes a third degree felony as provided for in s.817.155, F.S.	mation		
Signature of Member or Authorized Representative: Printed Name: Legacy Resort Assets, LLC, its Manager Title: Amy Wilde, Vice President			
Signature(s) on behalf of Other Business Entity: Individual(s) signing affirm(s) that the f this document are true. Any false information constitutes a third degree felony as provides.817.155, F.S. [See below for required signature(s).]			
Signature: Ginn-LA Naples Ltd., LLLP, a Georgia limited liability limited partnership			
By: Ginn-Naples GP, LLC, a Georgia limited liability company, its General Partner			
By: Entered R. Ginn III. Title: Manager	SEURERANT OF STATE	11 APR 22 PM 3: 21	
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officer. If Directors or Officers have not been selected, an Incorporator must sign.	NTE RIDA	24	
If Florida General Partnership or Limited Liability Partnership: Signature of one General Partner.			
If Florida Limited Partnership or Limited Liability Limited Partnership: Signatures of ALL General Partners.			
All others: Signature of an authorized person.			

Fees:

Certificate of Conversion: Fees for Florida Articles of Organization:

\$25.00

\$125.00

Certified Copy: Certificate of Status:

\$30.00 (Optional) \$5,00 (Optional) Page 2 of 2

ARTICLE I - Name:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company	'is:	
LRA Naples, LLC (Must end with the words "Limited Liability Company, the	abbreviation "L.L.C.," or the designation "LLC.")	_
ARTICLE II - Address: The mailing address and street address of the		ompany is:
Principal Office Address:	Mailing Address:	
1 Hammock Beach Parkway, 2nd Floor Palm Coast, Florida \$2137	1 Hammock Beach Parkway, 2nd Fl Palm Coast, Florida 32137	gor
ARTICLE III - Registered Agent, Registe (The Limited Liability Company cannot serve as its own R business entity with an active Florida registration.)	ered Office, & Registered Agent's Signatu legistered Agent. You must designate an individual or anot	ire:
The name and the Florida street address of the	he registered agent are:	LAHASSE
	John Gray	SSE 22
	Name	ساسات ⊂ دین
1 Hammock Bes	ach Parkway, 2nd Floor	S S
	ress (P.O. Box NOT acceptable)	H 3: 24,
Palm	Coast, FL 32137	-
C	City, State, and Zip	

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

Title:	Name and Address:
"MGR" = Manager "MGRM" = Managing	Member
MGR	Legacy Resort Assets, LLC, a Delaware limited
	liability company,
•	171 17th Street, Suite 1575, Atlanta 30363
}	
	APR
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	FT1C: 0
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(Use attachment if ne	essary)
TCLE V: Effective da	e, if other than the date of filing:
effective date: 1) can	(OPTIONAL) of be prior to nor more than 90 days after the date this document is filed
Florida Department o	State; <u>AND</u> 2) must be the same as the effective date listed in the attack fan effective date listed therein.)
·	
<u>)UIRED</u> SIGNATUR	4:
of perjury that the facts st	608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties ad herein are true. I am aware that any talse information submitted in a document to the little as third degree felony as provided for in a 617.155, F.S.)
Man	ner \

Legacy Resort Assets, LLC, a Delaware limited liability company

Amy Wilde, Vice President