

FILED

2003 APR 21 PM 12:33

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA**2003 LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

<b>DOCUMENT # M01000001502</b> 1. Entity Name <b>GINN CONSTRUCTION COMPANY, LLC</b>																											
Principal Place of Business <b>1 FLORIDA PARK DR., SOUTH SUITE 300 PALM COAST, FL 32137</b>		Mailing Address <b>1 FLORIDA PARK DR., SOUTH SUITE 300 PALM COAST, FL 32137</b>																									
2. Principal Place of Business  <b>215 Celebration Place Suite 200 Celebration FL 34747</b>		3. Mailing Address  <b>215 Celebration Place Suite 200 Celebration FL 34747</b>																									
<input checked="" type="checkbox"/> CHECK HERE IF MAKING CHANGES																											
4. FEI Number <b>59-3728808</b>		Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00</b> Additional Fee Required																									
6. Name and Address of Current Registered Agent  <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code																									
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning)</small>																											
<b>FILE NOW WITH FEES \$10.00</b> <b>Make Check Payable to Florida Department of State</b> <b>Due By May 1, 2005</b>																											
9. MANAGING MEMBERS / MANAGERS <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> <b>MGR GINN DEVELOPMENT COMPANY, LLC 1 FLORIDA PARK DRIVE SOUTH, SUITE 300 PALM COAST, FL 32137</b> <input type="checkbox"/> Delete           </td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td><input type="checkbox"/> Delete</td> </tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR GINN DEVELOPMENT COMPANY, LLC 1 FLORIDA PARK DRIVE SOUTH, SUITE 300 PALM COAST, FL 32137</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	10. ADDITIONS/CHANGES <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  <b>215 CELEBRATION PLACE, SUITE 200 CELEBRATION, FL 34747</b> </td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>215 CELEBRATION PLACE, SUITE 200 CELEBRATION, FL 34747</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 606, Florida Statutes.																											
SIGNATURE: <b>4/16/03</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>																											

CR2E083 (10/02)

**300016698049**  
**04/23/03--01002--007** \*\*\*550.00

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DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA



April 17, 2003

**VIA OVERNIGHT DELIVERY**

Joey Bryan, Examiner  
Secretary of State of Florida  
409 East Gaines Street  
Tallahassee, FL 32399

- RE:    1. Ginn Development Company, LLC  
       2. Crockett Development, LLC  
       3. ERG Aviation, Inc.  
       4. Ginn Construction Company, LLC  
       5. Ginn Golf, LLC  
       6. Ginn Real Estate Company, LLC  
       7. Ginn Seven Eagles, LLC  
       8. Ginn St. Lucie GP, LLC  
       9. Ginn-Airport GP, LLC

Dear Joey,

As discussed, enclosed please find 2003 Uniform Business Report for the above ten listed entities together with a check in the amount of \$550.00 to cover the filing fees for all of the above entities for the filing year 2003.

Please file with the date received and return one file-stamped copy (copy enclosed) as evidence of filing in the enclosed self-addressed stamped envelope back to me.

If you have any questions or need additional information please contact Debra Lee at 321-939-4700 or my self at 321-939-4788.

Sincerely,

GINN DEVELOPMENT COMPANY, LLC  
d/b/a THE GINN COMPANY

  
Devi M. Gooljar