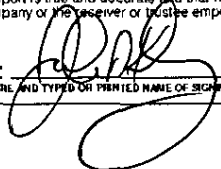


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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # M01000002103 1. Entity Name GINN-BULOW GP, LLC														
Principal Place of Business 1 FLORIDA PARK DR SOUTH STE 300 PALM COAST, FL 32137	Mailing Address 1 FLORIDA PARK DR SOUTH STE 300 PALM COAST, FL 32137													
2. Principal Place of Business 215 CELEBRATION PLACE SUITE 200 CELEBRATION FL 34747	3. Mailing Address 215 CELEBRATION PLACE SUITE 200 CELEBRATION FL 34747													
														
☒ CHECK HERE IF MAKING CHANGES														
4. FEI Number		Applied For ☒ Not Applicable												
5. Certificate of Status Desired		☐ \$5.00 Additional Fee Required												
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324														
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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: _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent's signature required when dissolution)														
FILE NOW!!! FEE is \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003														
9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 45%; padding: 5px;"> TITLE NAME STREET ADDRESS CITY-STATE-ZIP MGR GINN, EDWARD R III 1 FLORIDA PARK DRIVE SOUTH, SUITE 300 PALM COAST, FL 32137 </td> <td style="width: 45%; padding: 5px;"> TITLE NAME STREET ADDRESS CITY-STATE-ZIP 215 CELEBRATION PLACE, SUITE 200 CELEBRATION, FL 34747 </td> </tr> <tr> <td style="padding: 5px;"> TITLE NAME STREET ADDRESS CITY-STATE-ZIP </td> <td style="padding: 5px;"> TITLE NAME STREET ADDRESS CITY-STATE-ZIP </td> </tr> <tr> <td style="padding: 5px;"> TITLE NAME STREET ADDRESS CITY-STATE-ZIP </td> <td style="padding: 5px;"> TITLE NAME STREET ADDRESS CITY-STATE-ZIP </td> </tr> <tr> <td style="padding: 5px;"> TITLE NAME STREET ADDRESS CITY-STATE-ZIP </td> <td style="padding: 5px;"> TITLE NAME STREET ADDRESS CITY-STATE-ZIP </td> </tr> <tr> <td style="padding: 5px;"> TITLE NAME STREET ADDRESS CITY-STATE-ZIP </td> <td style="padding: 5px;"> TITLE NAME STREET ADDRESS CITY-STATE-ZIP </td> </tr> <tr> <td style="padding: 5px;"> TITLE NAME STREET ADDRESS CITY-STATE-ZIP </td> <td style="padding: 5px;"> TITLE NAME STREET ADDRESS CITY-STATE-ZIP </td> </tr> </table>			TITLE NAME STREET ADDRESS CITY-STATE-ZIP MGR GINN, EDWARD R III 1 FLORIDA PARK DRIVE SOUTH, SUITE 300 PALM COAST, FL 32137	TITLE NAME STREET ADDRESS CITY-STATE-ZIP 215 CELEBRATION PLACE, SUITE 200 CELEBRATION, FL 34747	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	TITLE NAME STREET ADDRESS CITY-STATE-ZIP
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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 its receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.														
SIGNATURE:  4/16/03 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE														

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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-Bulow GP, LLC
 2. Ginn-LA Airport Ltd., LLLP
 3. Ginn-LA Budlow Ltd., LLLP
 4. Ginn-LA Marina, LLLP, Ltd.
 5. Ginn-LA Naples Ltd., LLLP
 6. Ginn-LA Orlando Ltd., LLLP
 7. Ginn-LA Pine Island, Ltd., LLLP
 8. Ginn-LA St. Lucie Ltd., LLLP
 9. Ginn-LA Wilderness Ltd., LLLP
 10. Ginn-Marina GP, LLC

Dear Joey,

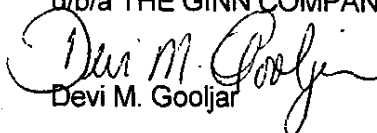
As discussed, enclosed please find 2003 Uniform Business Report for the above ten listed entities together with a check in the amount of \$4,310.00 to cover the filing fees for all of the above entities for the filing year 2003.

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

P.S. it was very nice talking to an ex-CT Employee. (say hi to the Team for me)

215 Celebration Place, Suite 200, Orlando, FL Tel. (321) 939-4704 Fax (321) 939-4769