

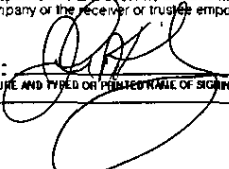


FILED

2003 APR 21 PM 8:00

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

<b>DOCUMENT # M01000002384</b>			
1. Entity Name <b>GINN-MARINA GP, LLC</b>			
Principal Place of Business 1 FLORIDA PARK DRIVE SOUTH SUITE 300 PALM COAST, FL 32137		Mailing Address 1 FLORIDA PARK DRIVE SOUTH SUITE 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	
			
<input checked="" type="checkbox"/> CHECK HERE IF MAKING CHANGES			
4. FEI Number		Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired		<input type="checkbox"/> \$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 <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 _____ (NOTE: Registered Agent Signature Required when registering)			
			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete	MGR GINN, EDWARD R III 1 FLORIDA PARK DRIVE SOUTH, SUITE 300 PALM COAST, FL 32137	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	215 CELEBRATION PLACE, SUITE 200 CELEBRATION FL 34747
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	300016661863 04/22/03--01030--005 ***4310.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete		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"/> Delete		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"/> Delete		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"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(X), 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 609, Florida Statutes.			
SIGNATURE: 		Date: 4/16/03	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Daytime Phone #	

CH202003 (10/02)

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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,

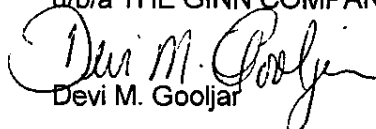
As discussed, enclosed please find 2003 Uniform Business Report for the above ten listed entities together with a check in the amount of \$4,310.00 to cover the filing fees for all of the above entities for the filing year 2003.

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