



FILE

2003 APR 21 PM 8:17

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

DOCUMENT # M02000002743			
1. Entity Name GINN-WILDERNESS GP, LLC			
Principal Place of Business 215 CELEBRATION PLACE, STE. 200 CELEBRATION, FL 34747		Mailing Address 215 CELEBRATION PLACE, STE. 200 CELEBRATION, FL 34747	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
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		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		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 _____ (NOTE: Registered Agent's signature required when resigning) DATE _____			
<div style="border: 1px solid black; padding: 5px; text-align: center;"> FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003 </div>			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
MGRM GINN, EDWARD R III 215 CELEBRATION PLACE, STE. 200 Celebration, FL 34747	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<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)(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 officer or trustee empowered to execute this report as required by Chapter 506, Florida Statutes.			
SIGNATURE: 		Date: 4/16/03	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date	

CR2E083 (1/02)

000016881500
04/22/03--01030--003 **500.00

FILED

2003 APR 21 PM 8:17

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-Naples GP, LLC
 2. Ginn-Orlando GP, LLC
 3. Ginn-Pine Island GP, LLC
 4. Ginn-Wilderness GP, LLC
 5. GLO Entrance Subsidiary, LLC
 6. Hammock Beach II, LLC
 7. Hammock Beach Resort CO., LLC
 8. Hammock Beach Resort Management, LLC
 9. Hammock GP, LLC
 10. Northshore GP, LLC

Dear Joey,

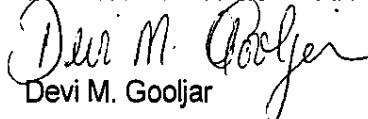
As discussed, enclosed please find 2003 Uniform Business Report for the above ten listed entities together with a check in the amount of \$500.00 to cover the filing fees for all of the above entities for the filing year 2003.

Please file with the date received and return one file-stamped copy (copies 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 myself at 321-939-4788.

Sincerely,

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


Devi M. Gooljar

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