M0300000387

(Requestor's Name)	-
(Address)	
(Address)	
(value of)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	_
Certified Copies Certificates of Status	_
Special Instructions to Filing Officer:	

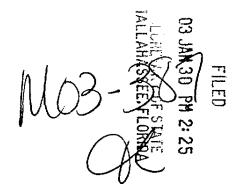
Office Use Only



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01/30/03--01081--029 **5.00

01/30/03--01081--030 **125.00



ON SUM OF SHOOK STON

CT CORPORATION

January 30, 2003

Secretary of State, Florida 409 East Gaines Street Tallahassee FL 32399 03 JAN 30 PM 2: 25

Re:

Order #: 5777850 SO

Customer Reference 1:

Customer Reference 2:

Dear Secretary of State, Florida:

Please file the attached:

Ginn-Hammock Beach GP, LLC (GA)

Registration

Florida

I also need a Status Certificate after this is filed. Thanks!

Enclosed please find a check for the requisite fees. Please return evidence of filing(s) to my attention.

If for any reason the enclosed cannot be filed upon receipt, please contact me immediately at (850) 222-1092. Thank you very much for your help.

Sincerely,

Ashley A Mitchell
Fulfillment Specialist
Ashley_Mitchell@cch-lis.com

660 East Jefferson Street Tallahassee, FL 32301 Tel. 850 222 1092 Fax 850 222 7615 PCE ASIG Page 1 of 1

A COLUMN AL INTENDALATIONS SERVICES COLUMNANT

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1	Ginn-Hammock Beach GP, LLC				
٠.	(Name of foreign limited liability company)				
2.	Georgia (Jurisdiction under the law of which foreign limited liability company is organized) 3. Applied For Significant (FEI number, if applicable)				
4.	company is organized) 1/28/03 (Date of Organization) 5. Perpetual (Duration: Year limited liability company will waste to exist or "perpetual")				
6. 7.	Linear qualification				
	Celebration, Florida 34747				
	(Street address of principal office)				
8.	If limited liability company is a manager-managed company, check here				
9.	The name and usual business addresses of the managing members or managers are as follows:				
	Edward R. Ginn, III				
	215 Celebration Place, Suite 200				
	Celebration, Florida 34747				
	Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)				
1	1. Nature of business or purposes to be conducted or promoted in Florida: Any and all lawful				
	business not specifically prohibited to profit LLC's under the laws of the State of Florida.				
	Signature of a member or an authorized representative of a member. (In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)				

Typed or printed name of signee

Andrew P. Kaiser, Esq.

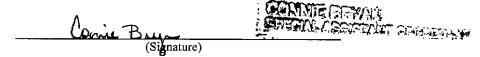
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CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

The name of the Limited Liability Company is:	O3 JAI SLURE TALLAH
Ginn-Hammock Beach GP, LLC	JAN 30 URETAR LAHASS
2. The name and the Florida street address of the registered agent and office are:	PM 2: 7
CT Corporation	TATE ORIDA
(Name)	
1200 South Pine Island Road	
Florida street address (P.O. Box NOT ACCEPTABLE)	,
Plantation _{FL} 33324	
(City/State/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.



\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

Secretary of State

Corporations Division 315 West Tower #2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530 DOCKET NUMBER : 030281244
CONTROL NUMBER : 0304833
DATE INC/AUTH/FILED: 01/28/2003
JURISDICTION : GEORGIA
PRINT DATE : 01/28/2003
FORM NUMBER : 211

MORRIS, MANNING & MARTIN
JUDITH A. NAVE
3343 PEACHTREE RD, NE, STE 1600
ATLANTA, GA 30326

CERTIFICATE OF EXISTENCE

I, Cathy Cox, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

GINN-HAMMOCK BEACH GP, LLC A GEORGIA LIMITED LIABILITY COMPANY

was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the abovenamed entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.



July Cop

Cathy Cox Secretary of State