

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M04000000105

Entity Name: GINN-WSL GP, LLC

FILED  
Apr 23, 2008  
Secretary of State

**Current Principal Place of Business:**

215 CELEBRATION PLACE, SUITE 200  
CELEBRATION, FL 34747

**New Principal Place of Business:**

31 LUPI COURT  
ATTENTION: LEGAL DEPARTMENT  
PALM COAST, FL 32137

**Current Mailing Address:**

215 CELEBRATION PLACE, SUITE 200  
CELEBRATION, FL 34747

**New Mailing Address:**

31 LUPI COURT  
ATTENTION: LEGAL DEPARTMENT  
PALM COAST, FL 32137

FEI Number: 20-0566374

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DEMARTIN, CHARLES P  
ONE HAMMOCK BEACH PARKWAY  
PALM COAST, FL 32137 US

**Name and Address of New Registered Agent:**

DEMARTIN, CHARLES P  
31 LUPI COURT  
ATTENTION: LEGAL DEPARTMENT  
PALM COAST, FL 32137 US

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.

SIGNATURE:

04/23/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: MASTERS II, ROBERT F  
Address: 1 HAMMOCK BEACH PARKWAY  
City-St-Zip: PALM COAST, FL 32137

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: MASTERS II, ROBERT F  
Address: 31 LUPI COURT, ATTENTION: LEGAL DEPARTMENT  
City-St-Zip: PALM COAST, FL 32137

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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 608, Florida Statutes.

SIGNATURE: ROBERT F. MASTERS, II

MGR

04/23/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date