MHU00002085

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





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06/01/04--01003--001 **125.00





CT CORPORATION

May 28, 2004

Secretary of State, Florida 409 East Gaines Street Tallahassee FL 32399 OW MAY 28 MH TI 39
TALLAHASSEE, FLORIDA
TALLAHASSEE, FLORIDA

Re:

Order #: 6114183 SO

Customer Reference 1:

Customer Reference 2:

Dear Secretary of State, Florida:

Please file the attached:

Ginn-Colonial Square, LLC (GA) Registration

Florida

Property of the

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.

o60 East Jefferson Street Tallahassee, FL 32301 Tel. 850 222 1092 Fax 850 222 7615

CT CORPORATION

Sincerely,

Ashley A Mitchell Fulfillment Specialist Ashley_Mitchell@cch-lis.com OF HAY 28 BY TI 39

660 East Jefferson Street Tallahassee, FL 32301 Tel 850 222 1092 Fax 850 222 7615

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORI TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGIST LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: Ginn-Colonial Square, LLC

1.	Girin-Colonial Square, ELO		
	(Name of foreign	lim	ited liability company)
2.	Georgia	3.	20-//73728 (FEI number, if applicable)
	(Jurisdiction under the law of which foreign limited liability company is organized)		(FEI number, if applicable)
4.	April 29, 2004	5.	Perpetual
••	(Date of Organization)		Perpetual (Duration: Year limited liability company will cease to exist or "perpetual")
6.	Upon Qualification		
	(Date first transacted business in Florida. (Se	e se	etions 608.501, 608.502, and 817.155, F.S.)
7.	215 Celebration Place, Suite 200		
	Celebration, FL 34747		
	(Street addres	s of	principal office)
8.	If limited liability company is a manager-manage	d co	ompany, check here
_	mi i ii ii Cii		·1

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, FL 34747

10. 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.)

11. 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.)

Penny J. Farr

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.

1. The name of	f the Limited Liability Company is:	
Ginn-Colonia	al Square, LLC	
2. The name an	nd the Florida street address of the registered agent and office are:	
	CT Corporation System	
	(Name)	
	1200 South Pine Island Rd	
	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.

Connie Bryan Scarday
Cannie Bryan (Signature)

\$ 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 CONTROL NUMBER : 0430468
DATE INC/AUTH/FILED: 04/29/2004
JURISDICTION : GEORGIA
PRINT DATE : 05/27/2004

FORM NUMBER : 211

MORRIS, MANNING & MARTIN
PENNY FARR
1600 ATLANTA FINANCIAL, 3343 PEACHTREE ROAD
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 as of the above brint date

GEORGIA LIMITED LIABILITY COMPAN

is in compliance of the approache filing and annual registration provisions of Title 14 of the official control of coords armorated.

Said entity was formed in the jurisdiction stated above or was authorized to transact business in Seorga on the Tabove sale and has bot filed articles of dissolution, certificate of cancellation or any other similar document with the Office of the Severary of Sate.

This certificate related only to the egal existence of the above-named entity as of the print date above. It does not carried whether or not a notice of intent to dissolve an application for windrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State

This information is electronically transmitted, issued and certified in accordance with the Georgia Electronic Records and Signatures Act and 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.

20040527184912831



Cathy Cox Secretary of State