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NOLIVY OF COSUCYVION

CT CORPORATION

July 21, 2004

AFLER SEE FLORING

Secretary of State, Florida 409 East Gaines Street Tallahassee FL 32399

Re: Order #: 6152031 SO

Customer Reference 1: 13802/44163

Customer Reference 2:

Dear Secretary of State, Florida:

Please file the attached:

Ginn-LA Fund IV Charleston PP Golf, LLC (GA) Registration Florida

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,

Jeffrey J Netherton Sr. Fulfillment Specialist Jeff_Netherton@cch-lis.com

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

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION 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:

	Charleston PP Golf, LLC (Name of Foreign Lin	nited Liab	lity Company)		
.	,		_	20-0-	
Georgia		<u></u> .3	20-1	182821 ober, if applicable)	
Jurisdiction under the ompany is organize	ne law of which foreign limited liab d)	onity	(FEI nur	nber, if applicable)	
July 15, 2004		5.	Perpetual		
(Date	of Organization)		(Duration: Year limite exist or "perpetual")	ed liability company	will cease to
Upon qualificaton					
	(Date first transacted business (See sections 608.501 & 608.50	in Florid)2 F.S. to	i, if prior to registratio letermine penalty liab	n.) lity)	
215 Celebration P	lace, Ste 200				
Celebration, FL 34	4747				
		dress of l	rincipal Office)	·	
*A1 *. 10 * 111.					
It limited lightlif	v company is a manager-man	on bener	nnany check bere	[7]	
It limited liabilit	ty company is a manager-man	aged co	npany, check here		
		•			ows:
The name and us	sual business addresses of the	•			ows:
	sual business addresses of the	•			ows:
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The name and use Edward R. Ginn, 215 Celebration	sual business addresses of the	•			ows:
The name and us	sual business addresses of the	•			ows:
The name and use Edward R. Ginn, 215 Celebration Celebration, FL 3	sual business addresses of the III Place, Suite 200	managi	ng members or ma	nagers are as follo	
The name and use Edward R. Ginn, 215 Celebration I Celebration, FL 3	sual business addresses of the III Place, Suite 200 4747 nal certificate of existence, no more the	managi	old, duly authenticated	nagers are as follo	g custody of rex
The name and use Edward R. Ginn, 215 Celebration I Celebration, FL 3. Attached is an original purisdiction under the	sual business addresses of the III Place, Suite 200 4747 nal certificate of existence, no more the law of which it is organized. (A pho	an 90 days	old, duly authenticated	nagers are as follo	g custody of rex
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Typed or printed name of signee

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 the Limited Liability Company is:	
Ginn-LA Fund IV Charleston PP Golf, LLC	
2. The name and the Florida street address of the registered agent and office are:	
CT Corporation System	
(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 lin liability company at the place designated in this certificate, I hereby accept the appointment as a agent and agree to act in this capacity. I further agree to comply with the provisions of all state relating to the proper and complete performance of my duties, and I am familiar with and accept obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes. Signature	registered ıtes

\$ 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 : 0441945
DATE INC/AUTH/FILED: 07/15/2004
JURISDICTION : GEORGIA
PRINT DATE : 07/20/2004

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 print date

k ia fundⁱ iv charleston ep solt, llc georgia limin<u>ed</u> elability company

is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia amorated.

Said entity was formed in the jurisciction stated above or was authorized to transact business in Georgia on the discount 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 of the to the legal existence of the above-named entity as of the print date above. It does not cartify whether or not a notice of intent to dissolve an apolication 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 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.

20040720200111805



Cathy Cox Secretary of State