2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# M04000005402

Entity Name: GINN-LA FUND IV CHARLESTON PP BRIDGESIDE, LLC

Current Principal Place of Business:

31 LUPI COURT, ATTN: LEGAL DEPARTMENT
PALM COAST, FL 32137 US

New Principal Place of Business:

215 CELEBRATION PLACE
SUITE 200
CELEBRATION, FL 34747 US

Current Mailing Address:

31 LUPI COURT, ATTN: LEGAL DEPARTMENT
PALM COAST, FL 32137 US

New Mailing Address:

1 HAMMOCK BEACH PARKWAY
2ND FLOOR
PALM COAST, FL 32137 US

FEI Number: 20-1990781 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

DEMARTIN, CHARLES P
1 HAMMOCK BEACH PARKWAY
2ND FLOOR
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: _____ 04/30/2009
Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: MASTERS, II, ROBERT F
Address: 31 LUPI COURT, ATTN: LEGAL DEPARTMENT
City-St-Zip: PALM COAST, FL 32137 US

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: GINN, EDWARD R III
Address: 1 HAMMOCK BEACH PARKWAY, 2ND FLOOR
City-St-Zip: PALM COAST, FL 32137 US

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: EDWARD R. GINN, III MGR 04/30/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date