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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

(Business Entity Name)

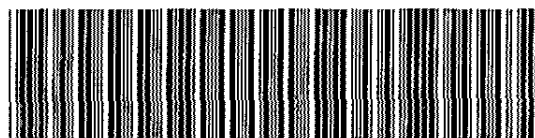
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05 FEB -2 PM 4:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

05 FEB -2 PM 3:55

OFFICE OF THE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

CT CORPORATION

February 2, 2005

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

FILED
05 FEB -2 PM 4:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Re: Order #: 6277117 SO
Customer Reference 1: 14496.44273
Customer Reference 2:

Dear Department of State, Florida:

Please obtain the following:

~~Ginn J.A. USVI Golf, Limited Liability Limited Partnership (USVI)~~
~~Registration~~
Florida

Ginn USVI Golf GP, LLC (USVI)
Registration
Florida

Enclosed please find a check for the requisite fees. Please return document(s) to the attention of the undersigned.

If for any reason the enclosed cannot be processed upon receipt, please contact the undersigned 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

A WoltersKluwer Company

File
First
Please

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

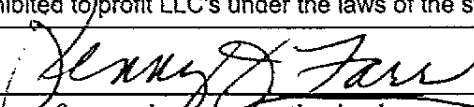
IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTIONS BUSINESS IN THE STATE OF FLORIDA:

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TALLAHASSEE, FLORIDA
SECRETARY OF STATE

1. Ginn USVI Golf GP, LLC
(Name of Foreign Limited Liability Company)
2. USVI
(Jurisdiction under the law of which foreign limited liability company is organized)
3. 66-0642694
(FEI number, if applicable)
4. May 14, 2004
(Date of Organization)
5. Perpetual
(Duration: Year limited liability company will cease to exist or "perpetual")
6. Upon qualification
(Date first transacted business in Florida, if prior to registration.)
(See sections 608.501 & 608.502 F.S. to determine penalty liability)
7. One Hibiscus Alley
Charlotte Amalie, St. Thomas, US Virgin Islands, US 00804
(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:
Robert F. Masters
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

Typed or printed name of signee

**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 USVI Golf GP, 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 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, Florida Statutes.

Carmie Bryan, Special Asst. Sec'y
(Signature)

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

**GOVERNMENT OF
THE VIRGIN ISLANDS OF THE UNITED STATES**

-O-

CHARLOTTE AMALIE, ST. THOMAS, VI 00802

OFFICE OF THE LIEUTENANT GOVERNOR

CERTIFICATE OF EXISTENCE

To Whom These Presents Shall Come:

I, VARGRAVE A. RICHARDS, Lieutenant Governor of the Virgin Islands, do hereby certify:

That GINN USVI GOLF GP, LLC filed Articles of Organization with the Office of the Lieutenant Governor on May 14, 2004 and the Company is duly organized under the laws of the United States Virgin Islands;

That the duration of this Limited Liability Company is perpetual;

That the company has paid all applicable fees to date; and

That Articles of Termination have not been filed by the company.

In Witness Whereof, I have hereunto set my hand and affix the seal of the Government of the United States Virgin Islands, at Charlotte Amalie, this 18th day of January, A.D. 2005.



VARGRAVE A. RICHARDS

Lieutenant Governor of the Virgin Islands

