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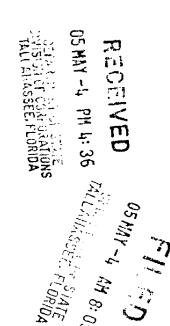
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#### **CT** CORPORATION

May 4, 2005

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



Re: Order #: 6357840 SO

Customer Reference 1: Customer Reference 2:

Dear Department of State, Florida:

Please obtain the following:

Ginn-LA Fund IV Promenade, LLC (GA) 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,

Connie R Bryan Manager Fulfill Ctr Connie\_Bryan@cch-lis.com

660 East Jelferson Street Tallahassee, FE 32301 Tel 850 222 1092 Fax 650 272 7615

### TRANSMITTAL LETTER

Story of the Control of the Control

TO:	Registration Section
	Division of Corporations

SUBJECT: Ginn-LA Fund IV Promenade, LLC
(Name of Limited Liability Company)

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

Penny Farr		
	me of Person)	
Morrís Manning & Martin, LLC		
(Fi	rm/Company)	
3343 Peachtree Road, Ste 1600		
	(Address)	
Atlanta, Georgia 30326		
(City/St	ate and Zip Code)	
For further information concerning this matter, ple	ease call:	
Penny Farr	at (404 ) 504-5468	
(Name of Person)	(Area Code & Daytime Telephone Number)	
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Enclosed is a check for the following amount:		

Certificate of Status

□ \$155.00 Filing Fee & □ \$160.00 Filing Fee, Certificate

of Status & Certified Copy

Certified Copy



## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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

1. Ginn-LA Fund IV Promenade, LLC

(Name of Foreign Limited Liability Company)  2. Georgia (Jurisdiction under the law of which foreign limited liability company is organized)  4. 4/26/05 (Date of Organization)  5. Perpetual (Duration: Year limited liability company will cease to exist or "perpetual")  6. Upon qualification (Ges esections 608.501 & 608.502 F.S. to determine penalty liability)  7. 215 Celebration Place, Ste. 200  Celebration, FL 34747  (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 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 eath 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 LC's under the laws of the state of Florida  Signature of a finghiber or an authorized representative of a member. (In accordance with section 608.4030, F.S., the execution of this document constitutes	I Ginn-LA Fund IV Promenade, LLC		
(Duration: Year limited liability company is organized)  4. 4/26/05 (Date of Organization) (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)  7. 215 Celebration Place, Ste. 200  Celebration, FL 34747 (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 it 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 LC's under the laws of the state of Florida  Signature of a mymber or any authorized representative of a member.	(Name of Foreign Li	ted Liability Company)	
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(Date of Organization)  (Duration: Year limited liability company will cease to exist or "perpetual")  (Date first transacted business in Florida, if prior to registration.)  (See sections 608.501 & 608.502 F.S. to determine penalty liability)  7. 215 Celebration Place, Ste. 200  Celebration, FL 34747  (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 daysold, duly authenticated by the official having custody of records 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 LC's under the laws of the state of Florida  Signature of a member or an authorized representative of a member.	(Jurisdiction under the law of which foreign limited lia		number, if applicable)
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	business not specifically prohibited to profit-LC's	nder the laws of the state	of Florida
	XIA	Fon	_
	Signature of a member or	authorized representat	ive of a member.
	(In accordance with section 608.4	3), F.S., the execution of this d	ocument constitutes
an affirmation under the penalties of perjury that the facts stated herein are true.)  Penny J. Farr	•	perjury that the facts stated he	rein are true.)

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 Co	mpany is:
Ginn-LA Fund	IV Promenade, LLC	
2. The name	and the Florida street address	ess of the registered agent and office are:
	CT Corporation System	
		(Name)
	1200 South Pine Island R	<u></u>
	Florida Street	Address (P.O. Box NOT ACCEPTABLE)
	Plantation	FL 33324
		City/State/Zip
liability comp agent and agr relating to the	any at the place designated ree to act in this capacity. I job proper and complete perform my position as registered as	nd to accept service of process for the above stated limited in this certificate, I hereby accept the appointment as registere further agree to comply with the provisions of all statutes rmance of my duties, and I am familiar with and accept the gent as provided for in Chapter 608, Florida Statutes.  SERYAN  LASSISTANI SECRETARY

\$ 100.00 Filing Fee for Application

\$ 30.00 Certified Copy (optional) \$ 5.00 Certificate of Status (optional)

\$ 25.00 Designation of Registered Agent

## Secretary of State

Corporations Division 315 West Tower #2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530 DOCKET NUMBER : 051160620
CONTROL NUMBER : 0526384
DATE INC/AUTH/FILED: 04/26/2005
JURISDICTION : GEORGIA
PRINT DATE : 04/26/2005

FORM NUMBER : 211

PENNY J. FARR
MORRIS, MANNING & MARTIN LLP
3343 PEACHTREE RD., N.E., SUITE 1600
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

## GINN-LA FUND IV PROMENADE, LLC A GEORGIA LIMITED LIABILITY COMPANY

was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated 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 only to the legal existence of the abovenamed entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application 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 certificate is issued pursuant to 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.



July Cop

Cathy Cox Secretary of State