

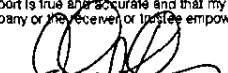


2003 APR 21 PM 2:46

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M99000000117																																
1. Entity Name HAMMOCK GP, LLC																																
Principal Place of Business 1 FLORIDA PARK DRIVE SOUTH SUITE 300 PALM COAST, FL 32137	Mailing Address 1 FLORIDA PARK DRIVE SOUTH SUITE 300 PALM COAST, FL 32137																															
2. Principal Place of Business 215 Celebration Place Suite 200 Celebration FL 34747	3. Mailing Address 215 Celebration Place Suite 200 Celebration FL 34747	<input checked="" type="checkbox"/> CHECK HERE IF MAKING CHANGES																														
4. FEI Number		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable																														
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required																														
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code																														
8. 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. I am familiar with, and accept the obligations of registered agent.																																
SIGNATURE <small>Signature, typed or printed name of registered agent and fee if applicable</small>		<small>(NOTE: Registered Agent's signature required when resigning)</small> DATE																														
<div style="border: 1px solid black; padding: 5px; display: inline-block;">FILE NOW!!! FEE IS \$50.00 Make Check Payable to: Florida Department of State Due By: May 1, 2005</div>																																
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES																														
<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td style="width: 70%;">MGR GINN, EDWARD R III 1 FLORIDA PARK DRIVE SOUTH, SUITE 300 PALM COAST, FL 32137</td><td style="width: 10%; text-align: center;"><input type="checkbox"/> Delete</td></tr><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td>MGR ADLER, DEAN S 1811 CHESTNUT STREET, 8TH FLOOR PHILADELPHIA, PA 19103</td><td style="text-align: center;"><input type="checkbox"/> Delete</td></tr><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td></td><td style="text-align: center;"><input type="checkbox"/> Delete</td></tr><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td></td><td style="text-align: center;"><input type="checkbox"/> Delete</td></tr><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td></td><td style="text-align: center;"><input type="checkbox"/> Delete</td></tr><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td></td><td style="text-align: center;"><input type="checkbox"/> Delete</td></tr></table>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GINN, EDWARD R III 1 FLORIDA PARK DRIVE SOUTH, SUITE 300 PALM COAST, FL 32137	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ADLER, DEAN S 1811 CHESTNUT STREET, 8TH FLOOR PHILADELPHIA, PA 19103	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td style="width: 70%;"><div style="text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</div>215 CELEBRATION PLACE, SUITE 200 CELEBRATION FL 34747</td></tr><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr></table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</div> 215 CELEBRATION PLACE, SUITE 200 CELEBRATION FL 34747	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 60B, Florida Statutes.																																
SIGNATURE: 		4/16/03																														
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date</small>																														
		<small>Office Phone #</small>																														

FILED
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TALLAHASSEE, FLORIDA



April 17, 2003

VIA OVERNIGHT DELIVERY

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

- RE: 1. Ginn-Naples GP, LLC
 2. Ginn-Orlando GP, LLC
 3. Ginn-Pine Island GP, LLC
 4. Ginn-Wilderness GP, LLC
 5. GLO Entrance Subsidiary, LLC
 6. Hammock Beach II, LLC
 7. Hammock Beach Resort CO., LLC
 8. Hammock Beach Resort Management, LLC
 9. Hammock GP, LLC
 10. Northshore GP, LLC

Dear Joey,

As discussed, enclosed please find 2003 Uniform Business Report for the above ten listed entities together with a check in the amount of \$500.00 to cover the filing fees for all of the above entities for the filing year 2003.

Please file with the date received and return one file-stamped copy (copies enclosed) as evidence of filing in the enclosed self-addressed stamped envelope back to me.

If you have any questions or need additional information please contact Debra Lee at 321-939-4700 or myself at 321-939-4788.

Sincerely,

GINN DEVELOPMENT COMPANY, LLC
d/b/a THE GINN COMPANY

Devi M. Gooljar
Devi M. Gooljar

215 Celebration Place, Suite 200, Orlando, FL Tel. (321) 939-4704 Fax (321) 939-4769