

FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

97 DEC 29 PM 12:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Name of Limited Partnership

1a. DOCUMENT #
B94000000501

THI OCEANFRONT L.P. LIMITED

Mailing Address

410 SEVERN AVENUE, SUITE 314
ANNAPOLIS MD 21403

Principal Office Address

410 SEVERN AVE
SUITE 314
ANNAPOLIS MD 21403

2. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country

2a. Principal Office Address

Suite, Apt. #, etc.

City & State

Zip Country

3. Date Formed or Registered

12/14/1994

3a. Date of Last Report

01/16/1997

4. State or Country of Formation

DE

6. FEI Number

52-1910877

7. Certificate of Status Desired

☐ Applied for
☒ Not Applicable

5a. Capital Contributions as
Shown on record.

\$5,948,771.00

5b. Amount of Capital
Contributions in FLORIDA
to date:

☐ \$8.75 Additional
Fee Required

8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. If changed, now Registered Agent/Office

Name

Street Address (P.O. Box Number Is Not Acceptable)

Suite, Apt. #, etc.

City

FL Zip Code

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

11. Name(s) of General Partner(s)

THAYER HOTEL INVESTMENTS L.P.

11a. Address of Each General Partner
(Do NOT Use Post Office Box Numbers)

410 SEVERN AVE., SUIT

11b. City, State & Zip Code

ANNAPOLIS MD 21403

11c. Registration/
Document Number

B94000000500

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Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

David J. Weyner

DATE

12/19/97

Typed or Printed Name of General Partner Signing Form

David J. Weyner, Vice President

Daytime Telephone Number

410-268-0515

CR2E003 (6/97)