

# 2002 UNIFORM BUSINESS REPORT (UBR)

0018982  
AB

DOCUMENT # B94000000501

1. Entity Name

THI OCEANFRONT L.P. LIMITED

FILED

02 APR 19 PM 4:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business

410 SEVERN AVE  
SUITE 314  
ANNAPOLIS MD 21403

Mailing Address

410 SEVERN AVENUE, SUITE 314  
ANNAPOLIS MD 21403

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DUE BY MAY 1, 2002

4. FEI Number

52-1910877

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

DATE

9. Capital Contributions  
as Shown on record.

\$5,948,771.00

10. Amount of Capital Contributions  
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # M01000000286  
NAME THIG III L.L.C.  
STREET ADDRESS 410 SEVERN AVE., SUITE 314  
CITY-ST-ZIP ANNAPOLIS MD 21403

STREET ADDRESS

CITY-ST-ZIP

100005395461--5

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CR2E003 (9/01)

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

DAVID J. WEYMER 4/5/02 410-268-0515

Date

Daytime Phone #