Midth

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

B9400000501 **DOCUMENT#**

1. Entity Name
THI OCEANERONT | P. LIMITED



FILED

Address Anderson of Business Address Anna Anna Anna Anna Anna Anna Anna An	THI OCEANTRONT L.F. LIMITED				03 APR 17 AH 7: 28		
ANNOPOLIS MD 21403 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State	· · · · · · · · · · · · · · · · · · ·	<i>f</i>		GOO WE TREE	SECRETABLE OF		
2. Principal Place of Business 3. Mailing Address 5. Suite, Apt. #, etc. 5. DUE BY MAY 1, 2003 City & State Crity & State 4. FEI Number 52-1910877 Not Applicable Not Applicable Poor Registered Agent 7. Name and Address of Current Registered Agent 7. Name and Address of New R	410 SÉVEN AVE 410 SÉVERN AVENUE. SUITE SUITE 314 410 SÉVERN AVENUE. SUITE 314 ANNAPOLIS MD 21403			314	TALLAHASSEE FLORIDA		
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. DUE BY MAY 1, 2003 City & State City & State 4. FEI Number 52-1910877 Applicable App	ANNAPOLIS MU ZIRUS					<u> </u>	
City & State City & State City & State City & State Country Zip Country Zip Country Zip Country Zip Country Zip Country Zip Country S. Certificate of Status Desired Fee Required Fee Required Fee Required Fee Required Fee Required Name Street Address of New Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.C. Box Number is Not Acceptable) City FL Zip Code Street Address (P.C. Box Number is Not Acceptable) City FL Zip Code Street Address (P.C. Box Number is Not Acceptable) City FL Zip Code Street Address (P.C. Box Number is Not Acceptable) City FL Zip Code Street Address (P.C. Box Number is Not Acceptable) TALLAHASSEE FL 32301 City FL Zip Code Street Address (P.C. Box Number is Not Acceptable) The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent. Signal Contributions Signal C	Principal Place of Business 3. Mailing Address						
Zip Country Since Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name Address (P.O. Box Number is Not Acceptable) 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 tarnillar with, and accept the obligations of registered agent. SIGNATURE Signification (P.D. Box Number is Not Acceptable) 9. Capital Contributions as Shown on record. \$5,948,771.00 10. Amount of Capital Contributions in PLORIDA to date. NOTE: General Partners May NOT be changed on the form; an amendment must be filled to change a general partner. 12. GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. 12. GENERAL PARTNER INFORMATION 13. AODRESS CHANGES ONLY 12. GENERAL PARTNER INFORMATION 13. AODRESS CHANGES ONLY 13. AODRESS CHANGES ONLY 14. STREET ADDRESS ONLY STREET ADDR	Suite, Apt. #, etc. Suite, Apt. #, etc.				DUE BY MAY 1, 2003		
Size and Address of Current Registered Agent NRAI SERVICES, INC. 526 E. PARK AVENUE TALLAHASSEE FL 32301 City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE SIGNATURE 9. Capital Contributions S. Sprawuw upradior or invent name of registered agent agent and title if applicable 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 filled to change a general partner. 12. 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 filled to change a general partner. 12. GENERAL PARTNER INFORMATION 13. ADDRESS CHANGES ONLY MOI 10000000286 CITY-SI-2P DOCUMENT / NAME SIRET ADDRESS CITY-SI-2P DOCUMENT / SIRET A	City & State		City & State		4. FEI Number 52-1910877	 	
NRAI SERVICES, INC. 528 E. PARK AVENUE TALLAHASSEE FL 32301 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 9. Capital Contributions as Shown on record. Signature, yoed or present areas of registered agent. A GENERAL PARTINER 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 filled to change a general partner. 12. GENERAL PARTINER INFORMATION 13. ADDRESS CHANGES ONLY M01000000286 THIG III LLC. 410 SEVERN AVE., SUITE 314 ANNAPOLIS MD 21403 STREET ADDRESS CITY-ST-ZIP DOCUMENT / NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DOCUMENT / NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DOCUMENT / NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DOCUMENT / NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DOCUMENT / NAME STREET ADDRESS STREET ADDRES	Zip	Country	Zip . (Country		\$8.75 Additional	
NRAI SERVICES, INC. 528 E. PARK AVENUE TALLAHASSEE FL 32301 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE 9. Capital Contributions 8. Signature, Syed or private name of registered agent and title ill applicable. PATE 9. Capital Contributions 9. Capital Contributions 11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SE REVERSE SIDE FOR FEE INFORMATION A GENERAL PARTINER 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 filled to change a general partner. 12. GENERAL PARTINER INFORMATION 13. ADDRESS CHANGES ONLY OCCUMENT / NAME SIRET ADDRESS CITY-ST-ZP	6. Name and Address of Current Registered Agent						
Street Address (P.O. Box Number is Not Acceptable) TALLAHASSEE FL 32301 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE 9. Capital Contributions as Brown on report 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 filled to change a general partner. 12. GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. 13. ADDRESS CHANGES ONLY 14. STREET ADDRESS CITY-ST-2IP DOCUMENT / NAME ANNAPOLIS MD 21403 DOCUMENT / NAME STREET ADDRESS CITY-ST-2IP DOCUMENT / ST-2IP DOCUMENT / NAME STREET ADDRESS CITY-ST-2IP DOCUMENT / ST-2IP DOCUMENT / NAME STREET ADDRESS CITY-ST-2IP DOCUMENT / ST-2IP DOC	NRAI SER	MCES. INC.		Name			
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or briesed name of registered agent and title if applicable. 9. Capital Contributions as Shown on record. 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 filled to change a general partner. 12. GENERAL PARTNER INFORMATION 13. ADDRESS CHANGES ONLY OCCUMENT / NAME STREET ADDRESS CITY-ST-2IP DOCUMENT / NAME STREET ADDRESS CITY-ST-2IP DOCUMENT / ST-2IP DOCUMENT / NAME STREET ADDRESS CITY-ST-2IP DOCUMENT / ST-2IP DOCUMENT / ST	•			Street Address (P.O. Box Number is Not Acceptable)			
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE 9. Capital Contributions as Shown on record. \$5,948,771.00 10. Amount of Capital Contributions in FLORIDA to date. 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 filled to change a general partner. 12. GENERAL PARTNER INFORMATION 13. ADDRESS CHANGES ONLY 0000MENT / NAME SIRET ADDRESS CITY-ST-ZIP 0000MENT / STREET ADDRESS CITY-ST-ZIP 0000MENT / NAME SIRET ADDRESS CITY-ST-ZIP 0000MENT / NAME SIRET ADDRESS SIRET ADDRESS CITY-ST-ZIP 0000MENT / NAME SIRET ADDRESS SIRET ADDRESS CITY-ST-ZIP 0000MENT / NAME SIRET ADDRESS CITY-ST-ZIP	TALLAHAS	SSEE FL 32301	•				
The obligations of registered agent. SIGNATURE 9. Capital Contributions as Spown on record. 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 filled to change a general partner. 12. GENERAL PARTNER INFORMATION 13. ADDRESS CHANGES ONLY 00.000Ment / NAME STREET ADDRESS 1THIG III LL.C. 410 SEVERN AVE., SUITE 314 ANNAPOLIS MD 21403 CITY-ST-ZIP 00.000Ment / NAME STREET ADDRESS CITY-ST-ZIP 00.000Ment / STREET ADDRESS CITY-ST-ZIP 00.000Ment / NAME STREET ADDRESS CITY-ST-ZIP 00.000Ment / STREET ADDRESS CITY-ST-ZIP 00.0000Ment / STREET ADDRESS CITY-ST-ZIP 00.000Ment / STREET ADDRESS CITY-ST-ZIP				City	FL	Zip Code	
Signature, typed or printed name of registered apent and title if applicable. 9. Capital Contributions as Shown on record. 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 filled to change a general partner. 12. GENERAL PARTNER INFO MATION 13. ADDRESS CHANGES ONLY DOCUMENT # MO1000000286 THIG III LL.C. STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	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.						
A GENERAL PARTINER 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 filled to change a general partner. 12. GENERAL PARTINER INFORMATION 13. ADDRESS CHANGES ONLY DOCUMENT / NAME THIG III LLC. SIREET ADDRESS CITY-ST-ZIP DOCUMENT / NAME SIREET ADDRESS SIREET ADDRESS CITY-ST-ZIP DOCUMENT / NAME SIREET ADDRESS SIREET ADDRESS SIREET ADDRESS CITY-ST-ZIP	SIGNATURE Signature, typed or printed name of registered agent and title if applicable.						
12. GENERAL PARTINER INFORMATION 13. ADDRESS CHANGES ONLY DOCUMENT # M0100000286 THIG III L.L.C. STREET ADDRESS CITY-ST-ZIP DOCUMENT # ANNAPOLIS MD 21403 CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS				ontributions			
12. GENERAL PARTNER INFORMATION 13. ADDRESS CHANGES ONLY 00CUMENT / NAME STREET ADDRESS CITY-ST-ZIP 00CUMENT / NAME STREET ADDRESS CITY-ST-ZIP 00CUMENT / NAME STREET ADDRESS CITY-ST-ZIP 014/17/03-01086-025 **526.25 017-ST-ZIP 02CUMENT / NAME STREET ADDRESS CITY-ST-ZIP	A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.						
THIG III L.L.C. STREET ADDRESS CITY-ST-ZIP DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT / STREET ADDRESS CITY-ST-ZIP				"			
STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP				STREET ADDRESS			
NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP	STREET ADDRESS	410 SEVERN AVE., SUITE 314		CITY-ST-ZIP	 		
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP				STREET ADDRESS			
NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP				CITY-ST-ZIP	70001622759 04/17/0301086025	⇒ 7 *526.25	
CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP			-	STREET ADDRESS			
NAME STREET ADDRESS CITY-ST-7IP			· 	CITY-ST-ZIP			
■ CITY-ST-7IP			•	STREET ADDRESS			
	STREET ADDRESS CITY-ST-ZIP			City-St-ZIP			
DOCUMENT / STREET ADDRESS NAME				STREET ADDRESS			
STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP				CITY-ST-ZIP			
DOCUMENT # NAME STREET ADDRESS				STREET ADDRESS			
STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP				CITY-ST-ZIP			

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:

SIAPLE CHECK hare

SIGNATURE AND TYPEU

CR2E003 (10/02)