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

1. Name of Limited Partnership

THI PLANTATION L.P.

DOCUMENT # B97000000212

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 DEC 29 PM 7: 37



			3. Date Formed or Registered	5a. Capital Contributions as
lalling Address	Principal Office Address			Shown on record.
410 SEVERN AVENUE. SUITE 314 Annapolis MD 21403	410 SEVERN AVENUE. SUITE 3	14	05/02/1997	\$10,575,000.00
	ANNAPOLIS MD 21403		3a. Date of Last Report	
				5b. Amount of Capital Contributions in FLORIDA
2. Malling Address	2a. Principal Office Address		4. State or Country of Formation	to date
			DE	
suite, Apt. #, etc.	Suite, Apt. #, etc.		6. FEI Number	Applied For
City & State	City & State		☐ Not Applicabl	
ip · Country	Zip Country		7. Certificate of Status Desired \$8.75 Addit.or	
Dodnity			8. Make check payable to: Dept. of	State (See reverse side for fee inform
9. Name and Address of C	urrent Registered Agent		10. If changed, now Registere	ed Agent/Office
<u> </u>		Name		
C T CORPORATION SYSTEM		Street Address (P.O. Box Number Is Not Acceptable)		
1200 SOUTH PINE ISLAND ROAD		Suite, Apt. #, etc.		
		L Suite Ant # etc		
PLANTATION FL 33324). 	7.0.4
		City		FL 7-p Code
Oa. Pursuant to the provisions of sections 620 10 for the purpose of changing its registered off agent. I am familiar with, and accept the oblig	•	City	p organized or registered under the laws of t was authorized by its general partner(s). I her	he State of Florida, submits this state eby accept the appointment of registr
10a. Pursuant to the provisions of sections 620 10 for the purpose of changing its registered off agent. I am familiar with, and accept the oblights (Registered Agent Accepting Appointme	co or registered agent, or both, in the State of gations of section 620.192, Florida Statutes AT IS A CORPORATION.	City med limited partnershi Florida. Such change v	p organized or registered under the laws of t was authorized by its general partner(s). I her DATE ARTNERSHIP OR OTHE	FL he State of Florida, submits this stateneby accept the appointment of registe
10a. Pursuant to the provisions of sections 620 10 for the purpose of changing its registered off agent. I am familiar with, and accept the oblights (Registered Agent Accepting Appointme	ce or registered agent, or both, in the State of gations of section 620, 192, Florida Statutes onto the section 620 of the sec	City med limited partnershi Florida. Such change v	p organized or registered under the laws of t was authorized by its general partner(s). I her DATE ARTNERSHIP OR OTHE	FL he State of Florida, submits this statereby accept the appointment of register
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10a. Pursuant to the provisions of sections 020 10 for the purpose of changing its registered off agent. I am familiar with, and accept the oblig SIGNATURE (Registered Agent Accepting Appointme A GENERAL PARTNER THE M	co or registered agent, or both, in the State of gations of section 620, 192, Florida Statutes AT IS A CORPORATION, UST BE REGISTERED A Address of Each Ger (No NOT Uso Post Office)	City med limited partnershi Florida. Such change v LIMITED P/ ND ACTIVE leral Partner Box Numbers) 11	p organized or registered under the laws of twas authorized by its general partner(s). I here DATE ARTNERSHIP OR OTHE WITH THIS OFFICE. 1b. City, State & 7:p Code ANNAPOLIS MD 21403	he State of Florida, submits this state eby accept the appointment of register accept the appointment of registration. 11c. Registration/

12. I do hereby certify that the Information supplied with this filling 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 eath. I further certify that I am a General Partner of the limited partnership, receiver or trusted empowered to exoculathis report as required by chapter 620, Florida Statutes.

David J. Weymer, vice president Dayline Telephone Number 410-268-0515