

# 2002 UNIFORM BUSINESS REPORT (UBR)

004850

DOCUMENT # **MO1000000286**

1. Entity Name  
**THIG III L.L.C.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

02 MAY - 1 PM 4:03

Principal Place of Business  
**410 SEVERN AVE., STER. 314  
ANNAPOLIS MD 21403**

Mailing Address  
**410 SEVERN AVE., STER. 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

4. FEI Number

**APPLIED FOR**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** 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

**NRAI SERVICES INC**

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

**526 E PARK AVE**

City

**TALLAHASSEE**

**FL**

Zip Code

**32301**

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State  
Due By May 1, 2002**

**400005315534--3  
-04/22/02--01123--016  
\*\*\*\*\*626.25 \*\*\*\*\*50.00**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGR** ☐ Delete  
NAME **THAYER HOTEL I**  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **MGR** ☐ Change ☒ Addition  
NAME **THAYER HOTEL INVESTORS II L.P.**  
STREET ADDRESS **410 SEVERN AVE., SUITE 314**  
CITY-ST-ZIP **ANNAPOLIS, MD 21403**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **MGR** ☐ Change ☒ Addition  
NAME **THIM L.L.C.**  
STREET ADDRESS **410 SEVERN AVE., SUITE 314**  
CITY-ST-ZIP **ANNAPOLIS, MD 21403**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 608, Florida Statutes.

SIGNATURE: **DAVID JWEYMER**

**410-268-0515**  
**4/5/02**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date Daytime Phone #

CR2E083 (9/01)