

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M01000000286

FILED  
Apr 25, 2006  
Secretary of State

Entity Name: THIG III L.L.C.

**Current Principal Place of Business:**

410 SEVERN AVE., SUITE 314  
ANNAPOLIS, MD 21403

**New Principal Place of Business:**

**Current Mailing Address:**

410 SEVERN AVE., SUITE 314  
ANNAPOLIS, MD 21403

**New Mailing Address:**

FEI Number: 52-2293983

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DRIVE  
SUITE 4  
WESTON, FL 33331 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: THAYER HOTEL INVESTO, RS II L.P.  
Address: 410 SEVERN AVE., SUITE 314  
City-St-Zip: ANNAPOLIS, MD 21403

Title: MGR ( ) Delete  
Name: THIM L.L.C.,  
Address: 410 SEVERN AVE., SUITE 314  
City-St-Zip: ANNAPOLIS, MD 21403

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: WEYMER, DAVID J  
Address: 410 SEVERN AVE., SUITE 314  
City-St-Zip: ANNAPOLIS, MD 21403

Title: MBR (X) Change ( ) Addition  
Name: THIM L.L.C.,  
Address: 410 SEVERN AVE., SUITE 314  
City-St-Zip: ANNAPOLIS, MD 21403

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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 J WEYMER

V

04/25/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date