2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2005
Secretary of State

DOCUMENT# M04000004043

Entity Name: THI IV MIAMI LESSEE LLC

Current Principal Place of Business:

410 SEVERN AVENUE, SUITE 314
ANNAPOLIS, MD 21403

New Principal Place of Business:

Current Mailing Address:

410 SEVERN AVENUE, SUITE 314
ANNAPOLIS, MD 21403

New Mailing Address:

FEI Number: 20-1653202 **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/MEMBERS:

Title:	MGR	( ) Delete
Name:	REID, MARTIN A	
Address:	410 SEVERN AVENUE, SUITE 314	
City-St-Zip:	ANNAPOLIS, MD 21403	
Title:	MGR	( ) Delete
Name:	WARFIELD, CARROLL M	
Address:	410 SEVERN AVENUE, SUITE 314	
City-St-Zip:	ANNAPOLIS, MD 21403	
Title:	MGR	( ) Delete
Name:	GAUTHIER, KIMBERLY	
Address:	410 SEVERN AVENUE, SUITE 314	
City-St-Zip:	ANNAPOLIS, MD 21403	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the 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 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: KIMBERLY ANN GAUTHIER MGR 04/29/2005

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