

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000003439

FILED  
Apr 19, 2007  
Secretary of State

Entity Name: THI IV SARASOTA AI LESSEE LLC

## Current Principal Place of Business:

C/O THAYER LODGING GROUP, INC.  
410 SEVERN AVENUE, SUITE 314  
ANNAPOLIS, MD 21403

## New Principal Place of Business:

C/O THAYER LODGING GROUP, INC.  
410 SEVERN AVENUE, SUITE 314  
ANNAPOLIS, MD 21403

## Current Mailing Address:

C/O THAYER LODGING GROUP, INC.  
410 SEVERN AVENUE, SUITE 314  
ANNAPOLIS, MD 21403

## New Mailing Address:

C/O THAYER LODGING GROUP, INC.  
410 SEVERN AVENUE, SUITE 314  
ANNAPOLIS, MD 21403

FEI Number: 20-3049862

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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: MGMR ( ) Delete  
Name: THI IV LESSEE LLC,  
Address: 410 SEVERN AVENUE, SUITE 314  
City-St-Zip: ANNAPOLIS, MD 21403

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: THI IV LESSEE LLC,  
Address: 410 SEVERN AVENUE, 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: THI IV LESSEE LLC

MGRM

04/19/2007

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