2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 06, 2009
Secretary of State

DOCUMENT# M05000003439

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:

1997 ANNAPOLIS EXCHANGE PARKWAY, SUITE 500
ANNAPOLIS, MD 21401

Current Mailing Address:

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

New Mailing Address:

1997 ANNAPOLIS EXCHANGE PARKWAY, SUITE 500
ANNAPOLIS, MD 21401

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: MGRM (X) Delete
Name: THI IV LESSEE HOLDIN, G, LLC
Address: 410 SEVERN AVENUE, SUITE 314
City-St-Zip: ANNAPOLIS, MD 21403

Title: MGR ( ) Delete
Name: WARFIELD, CARROLL M
Address: 410 SEVERN AVE STE 314
City-St-Zip: ANNAPOLIS, MD 21403

Title: MGR ( ) Delete
Name: GAUTHIER, KIMBERLY A
Address: 410 SEVERN AVE 314
City-St-Zip: ANNAPOLIS, MD 21403

Title: MGR ( ) Delete
Name: DABNEY, GEORGE
Address: 410 SEVERN AVE 314
City-St-Zip: ANNAPOLIS, MD 21043

ADDITIONS/CHANGES:

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

Title: MGR (X) Change ( ) Addition
Name: WARFIELD, CARROLL M
Address: 1997 ANNAPOLIS EXCHANGE PARKWAY, SUITE 500
City-St-Zip: ANNAPOLIS, MD 21401

Title: MGR (X) Change ( ) Addition
Name: GAUTHIER, KIM
Address: 1997 ANNAPOLIS EXCHANGE PARKWAY, SUITE 500
City-St-Zip: ANNAPOLIS, MD 21401

Title: MGR (X) Change ( ) Addition
Name: DABNEY, GEORGE
Address: 1997 ANNAPOLIS EXCHANGE PARKWAY, SUITE 500
City-St-Zip: ANNAPOLIS, MD 21041

I hereby certify that the information supplied with this filing does not qualify 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: JANE LOUIS POA 04/06/2009

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