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Chivision of Corporations Fax Number Account Name : C T CORPORATION SYSTEM Account Number : FCA000000023 Phone : (850)222-1092 Fax Number : (850)878-5926

FOREIGN LIMITED LIABILITY COMPANY

THI IV Sarasota HGI Lessee LLC

Certificate of Status	0
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Page Count	04
Estimated Charge	\$125.00

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THI IV Satasola HC	II Losseo LLC			
	(Name of Poreign Limited	Liability Company)		
2. Delaware		3. Applied for		
	law of which foreign limited liability (FEI number, if applicable)			
4. June 21, 2005		5. Perpetual		
	of Organisation)	(Duration: Year implied Hability company will case exist or "perpetual")	e to	
6. Upon qualification				
	(Date first transacted business in F (See sections 605.501 & 605.507 F.)	korida, if prior to registration.) S. to determine penalty liability)		
7. e/o Thayer Lodging	Group, Isc., 410 Seven Avenue, Suite	314	-	
Annapolis, MD 214	03			
		of Principal Office)		
S. If limited liability	y company is a manager-manage	d company, check here 🔲	≥ 33	25
o en			S≥	يخ
y. Inchemend u	ensi considera doglezzara di fica inst	naging members or managers are as follows:	₹5	22
Till IV Lesses Hol	ding LLC, 410 Severn Ave., Suite 314,	Annepolis MID 21403	_ <u></u> \$\$₹	22
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			- £≥	to :6
10. Attached is an origin	al certificate of existence, no more than 90	days old, duly sufficient by the official having custody	of teachers in	£
	e service various sus sous masses, (A. processo) ste unider onth of the lizans beaut susset be sul	py is not acceptable. If the certificate is in a fixeign languing ornited.)	<u>., .</u>	
		A d to Try to word against Suttage from the		
11. Nature of main	ess or harboses to be conducted	or promoted in Florida: xeal estate investment		
	King &	Davetting		
•		uthorized representative of a member.		
	(In accordance with section 608.408(3),	F.S., the execution of this document constitutes ripry that the facts stated herein are true.)		
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	Typed or minte	ed name of signee		
RM2.48MM/Three-Order				

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CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

I. The name of the Limited Liability Comp	oany is:		
THI IV Saragota HGI Lessee LLC			
2. The name and the Florida street address	of the registered ag	ent and office are:	
cr	Corporation System		
	(Name)		_
1200	South Pine Island Rose	<u> </u>	
Florida Street Add	iress (P.O. Box <u>NOT</u> A	CCEPTABLE)	
Plantation	FL	33324	■ Profession
	City/State/Zip		
Having been named as registered agent and the liability company at the place designated in the agent and agree to act in this capacity. I further relating to the proper and complete performations of my position as registered agent of CT Corporation System By: Mark Lawy [Signature]	his certificate, I here her agree to comply nce of my duties, an t as provided for in (by accept the appoint with the provisions o d I am familiar with a	ment as registered fall statutes nd accept the
Assista	ark S. Eppley int Vice-President ad Sécretary		2 AM 91 1 2 AM 91 1 RY OF STA SSEE, FLOR
\$ 100.00 \$ 25.00		_	が計り
\$ 30.00	Certified Copy (

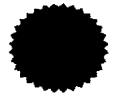
5.00 Certificate of Status (optional)

. . .

Delaware PAGE 1 The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "THI IV SARASOTA HGI LESSEE LLC" IS DULY FORKED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-FIRST DAY OF JUNE, A.D. 2005.

AND I DO HERRBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.



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AUTHENTICATION: 3966762

DATE: 06-21-05