File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE LIMITED LIABILITY COMPANY ANNUAL REPORT 1999 99 APR -8 PM 1:41 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE \$ 188.75 Name and Mailing Address of Limited Liability Company **DOCUMENT** # M98000001249 1a. Principal Place of Business Address THIG L.L.C. 410 SEVERN AVENUE, SUITE 314 410 SEVERN AVENUE, SUITE 314 ANNAPOLIS MD 21403 ANNAPOLIS MD 21403 3. Date Organized or Qualified | 3a. State of Formation 2a. Mailing Address 2 Principal Place of Business 10/23/1998 DF. Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For 50-2128MY APPLIED FOR City & State City & State Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Country Ζiρ Country \$8.75 Additional Fee Required 8. Name and Address of New Registered Agent/Office 7. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD Street Address (P.O. Box Number is Not Acceptable) PLANTATION FL 33324 <u>ાંત્રમાં માં માં મુખ્યત્વે સ્વામાણ — — મ</u>ો --04/20/99---01004---024 ****188.75 ****188.70 | Zip Code 9. Pursuant to the provisions of Sections 608.416 and 608 508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. Thereby accept the appointment as registered agent, and accept the obligations SIGNATURE (Registered Agent Accepting Appendice) | (NOTE: Registered Agent signal increspond when removed when removed about the 200 gr City, State and Zip Code 10. Title Managing Members/Managers **Business Street Address** 410 SEVERN AVENUE, SUITE 3 ANNAPOLIS MD THAYER HOTEL INVESTO. MGR ANNAPOLIS MD 410 SEVERN AVENUE, SUITE 3 THIG CORPORATION, MGR 11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 07(3) (i), Florida Statutes. I further certify that the information indicated on this annual report is true and accurate and that my 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 Statules, and that my name appears in Block 10, or on an

TYPE DODE PUNTED NAME OF SIGNITION MANAGING MUMBER OR MANAGER

4/1/99 410-268-0515

attachment with an address

SIGNATURE: