

2016 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000003440

Entity Name: THI IV SARASOTA SHGI LESSEE LLC**Current Principal Place of Business:**1997 ANNAPOLIS EXCHANGE PARKWAY, SUITE 500
ANNAPOLIS, MD 21401**Current Mailing Address:**1997 ANNAPOLIS EXCHANGE PARKWAY, SUITE 500
ANNAPOLIS, MD 21401 US**FEI Number:** 20-3049201**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US*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

Authorized Person(s) Detail :

Title MANAGER
Name DABNEY, GEORGE
Address 1997 ANNAPOLIS EXCHANGE
PARKWAY, SUITE 500
City-State-Zip: ANNAPOLIS MD 21401

Title MANAGER
Name GAUTHIER, KIM
Address 1997 ANNAPOLIS EXCHANGE
PARKWAY, SUITE 500
City-State-Zip: ANNAPOLIS MD 21401

Title MANAGER
Name WARFIELD, CARROLL M.
Address 1997 ANNAPOLIS EXCHANGE
PARKWAY, SUITE 500
City-State-Zip: ANNAPOLIS MD 21401

Title MEMBER
Name THI IV LESSEE HOLDING LLC
Address 1997 ANNAPOLIS EXCHANGE
PARKWAY, SUITE 500
City-State-Zip: ANNAPOLIS MD 21401

Title MANAGER
Name DIAMOND, WILLIAM C.
Address 1997 ANNAPOLIS EXCHANGE
PARKWAY, SUITE 500
City-State-Zip: ANNAPOLIS MD 21401

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: THI IV LESSEE HOLDING LLC**MEMBER****04/04/2016**

Electronic Signature of Signing Authorized Person(s) Detail

Date