

**2014 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M06000001278

**FILED**  
**Apr 30, 2014**  
**Secretary of State**  
**CC2618108668**

**Entity Name:** THI IV PGB 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:** 06-1771677

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

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

Title MGR  
Name WARFIELD, CARROLL M  
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:** GEORGE DABNEY

VP

04/30/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date