

**2021 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M14000006914

**Entity Name:** HIT PORTFOLIO II OWNER, LLC**Current Principal Place of Business:**

C/O HOSPITALITY INVESTORS TRUST, INC. 11325 RANDOM HILLS ROAD  
SUITE 360  
FAIRFAX, VA 22030

**Current Mailing Address:**

C/O HOSPITALITY INVESTORS TRUST, INC. 11325 RANDOM HILLS ROAD  
SUITE 360  
FAIRFAX, VA 22030 US

**FEI Number:** 47-1989331**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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: MANAGING MEMBER  
Name: HIT PORTFOLIO II MEZZ, LP  
Address: C/O HOSPITALITY INVESTORS TRUST, INC. 11325 RANDOM HILLS ROAD  
City-State-Zip: FAIRFAX VA 22030

Title: CFO, TREASURER  
Name: RIGGINS, BRUCE A  
Address: C/O HOSPITALITY INVESTORS TRUST, INC. 11325 RANDOM HILLS ROAD  
City-State-Zip: FAIRFAX VA 22030

Title: AUTHORIZED PERSON, GENERAL COUNSEL, SECRETARY  
Name: HUGHES, PAUL C  
Address: 65 EAST 55TH STREET SUITE 801  
City-State-Zip: NEW YORK NY 10022

Title: CFO, PRESIDENT  
Name: MEHLMAN, JONATHAN P  
Address: 65 EAST 55TH STREET SUITE 801  
City-State-Zip: NEW YORK NY 10022

*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:** PAUL C HUGHES**AUTHORIZED PERSON****04/21/2021**

Electronic Signature of Signing Authorized Person(s) Detail

Date