


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 25, 2008 8:00 am
Secretary of State

04-25-2008 90015 048 ***138.75

DOCUMENT # M04000000040	
1. Entity Name HH TAMPA WESTSHORE LLC	

Principal Place of Business 8405 GREENSBORO DRIVE, SUITE 500 MCLEAN, VA 22102	Mailing Address 8405 GREENSBORO DRIVE, SUITE 500 MCLEAN, VA 22102
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2. Principal Place of Business - No P.O. Box # %JER, 1650 TYSONS BLVD. Suite, Apt. #, etc. SUITE 1600	3. Mailing Address %JER, 1650 TYSONS BLVD. Suite, Apt. #, etc. SUITE 1600
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City & State MCLEAN, VA	City & State MCLEAN, VA
Zip 22102-4846	Country U.S.A.
Zip 22102-4846	Country U.S.A.

60028353



04092008 Chg-LLC CR2E083 (12/06)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR FRANCIS, JAMES L 8405 GREENSBORO DRIVE, SUITE 500 MCLEAN, VA 22102 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MANAGER ALEXANDER P. GILBERT %JER, 1650 TYSONS BLVD., STE. 1600 MCLEAN, VA 22102-4846 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR VICARI, DOUGLAS 8405 GREENSBORO DRIVE, SUITE 500 MCLEAN, VA 22102 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MANAGER JAMES W. SMITH III %JER, 1650 TYSONS BLVD., STE. 1600 MCLEAN, VA 22102-4846 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR COLDEN, TRACY M.J. 8405 GREENSBORO DRIVE, SUITE 500 MCLEAN, VA 22102 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MANAGER DEVIN W. CHEN %JER, 1650 TYSONS BLVD., STE. 1600 MCLEAN, VA 22102-4846 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 Statutes.

SIGNATURE: <u>Devin W. Chen</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	DEVIN W. CHEN, MANAGER Date 4/11/08	703-714-8000 Daytime Phone #
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