

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M07000001106

Entity Name: HP BOCA HOSPITALITY LLC

FILED
Feb 16, 2012
Secretary of State

Current Principal Place of Business:

7501 WISCONSIN AVE.
SUITE 1500
BETHESDA, MD 208146522

New Principal Place of Business:

7501 WISCONSIN AVE.
SUITE 1500E
BETHESDA, MD 208146522

Current Mailing Address:

7501 WISCONSIN AVE.
SUITE 1500
BETHESDA, MD 208146522

New Mailing Address:

7501 WISCONSIN AVE.
SUITE 1500E
BETHESDA, MD 208146522

FEI Number: 52-6053341

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: B.F. SAUL REAL ESTATE INVESTMENT TRUST
Address: 7501 WISCONSIN AVE., SUITE 1500E
City-St-Zip: BETHESDA, MD 208146522

Title: P
Name: SAUL, B. F
Address: 7501 WISCONSIN AVENUE, SUITE 1500E
City-St-Zip: BETHESDA, MD 208146522

Title: S.
Name: CONNORS, PATRICK T
Address: 7501 WISCONSIN AVENUE, SUITE 1500E
City-St-Zip: BETHESDA, MD 208146522

Title: T
Name: FRIEDMAN, JOEL A
Address: 7501 WISCONSIN AVENUE, SUITE 1500E
City-St-Zip: BETHESDA, MD 208146522

Title: V
Name: CARRIER, MARK G
Address: 7501 WISCONSIN AVENUE, SUITE 1500E
City-St-Zip: BETHESDA, MD 208146522

I hereby certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: PATRICK T. CONNORS

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02/16/2012

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date