2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M98000001481

Entity Name: HMH HPT CBM LLC

City-St-Zip:

WILMINGTON, DE 19801 US

FILED Feb 12, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 6903 ROCKLEDGE DRIVE 1500 BETHESDA, MD 208171862 US **New Mailing Address: Current Mailing Address:** 6903 ROCKLEDGE DRIVE 1500 BETHESDA, MD 208171862 US FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 323012699 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 MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: Title: () Change () Addition () Delete HARVEY, LARRY K Name: Name: Address: 6903 ROCKLEDGE DRIVE, SUITE 1500 Address: City-St-Zip: BETHESDA, MD 208171862 US City-St-Zip: Title: MGR () Delete Title: () Change () Addition Name: LARSON, GREGORY J Name: Address: 6903 ROCKLEDGE DRIVE, SUITE 1500 Address: City-St-Zip: BETHESDA, MD 208171862 US City-St-Zip: Title: MGR () Delete Title: () Change () Addition DUVA, VICTOR A Name: Name: 1209 ORANGE STREET Address: Address:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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.

City-St-Zip:

SIGNATURE: LARRY K. HARVEY MGR 02/12/2009