2015 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M11000003416

Entity Name: HHLP MIAMI BEACH LESSEE, LLC

Current Principal Place of Business:

44 HERSHA DRIVE HARRISBURG, PA 17102-2279

Current Mailing Address:

44 HERSHA DRIVE HARRISBURG, PA 17102-2279

FEI Number: 45-3324079

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 US FILED Jan 14, 2015

Secretary of State

Date

Certificate of Status Desired: No

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

Authorized Person(s) Detail :

| Title | CFO | Title | CEO |
|-----------------|--------------------------------|-----------------|------------------------------------|
| Name | PARIKH, ASHISH R | Name | SHAH, JAY H |
| Address | 510 WALNUT STREET 9TH FLOOR | Address | 510 WALNUT STREET 9TH FLOOR |
| City-State-Zip: | PHILADELPHIA PA 19106 | City-State-Zip: | PHILADELPHIA PA 19106 |
| Title | MANAGER OF TAXATION | Title | COO |
| Name | SHADE, BRETT | Name | SHAH, NEIL H |
| Address | 44 HERSHA DRIVE | Address | 510 WALNUT STREET |
| City-State-Zip: | HARRISBURG PA 17102-2279 | City-State-Zip: | 9TH FLOOR PHILADELPHIA PA 19106 |
| Title | CAO | ony otate zip. | |
| Title | CAO | | |
| Name | GILLEPSIE, MICAHEL R | | |
| Address | 44 HERSHA DRIVE | | |
| City-State-Zip: | HARRISBURG PA 17102-2279 | | |

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: BRETT SHADE

MANAGER OF TAXATION 01/14/2015

Electronic Signature of Signing Authorized Person(s) Detail