I hereby certify that the information indicated on this report or supplemental report is true and accurate and the oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empthat my name appears above, or on an attachment with all other like empowered.		
SIGNATURE: BRETT SHADE	MANAGER OF TAXATION	02/25/2014

Electronic Signature of Signing Authorized Person(s) Detail

DOCUMENT# M1300002078 Entity Name: HHLP COCONUT GROVE 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: 46-2462794

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

Authorized Person(s) Detail :

Title	MGR	Title	MANAGER
Name	PARIKH, ASHISH R	Name	SHADE, BRETT
Address	44 HERSHA DRIVE	Address	44 HERSHA DRIVE
City-State-Zip:	HARRISBURG PA 17102-2279	City-State-Zip:	HARRISBURG PA 17102-2279

2014 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Feb 25, 2014 Secretary of State CC8018090302

Date

Certificate of Status Desired: No

Date