

**2016 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M13000002079

**FILED**  
**Feb 17, 2016**  
**Secretary of State**  
**CC8363066634**

**Entity Name:** HHLP COCONUT GROVE ASSOCIATES, 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:** 46-2496282

**Certificate of Status Desired:** No

**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

Date

**Authorized Person(s) Detail :**

Title MGR  
Name HHLP COCONUT GROVE MANAGER, LLC  
Address 44 HERSHA DRIVE  
City-State-Zip: HARRISBURG PA 17102-2279

Title CFO  
Name PARIKH, ASHISH R  
Address 510 WALNUT STREET 9TH FLOOR  
City-State-Zip: PHILADELPHIA PA 19106

Title CEO  
Name SHAH, JAY H  
Address 510 WALNUT STREET 9TH FLOOR  
City-State-Zip: PHILADELPHIA PA 19106

Title COO  
Name SHAH, NEIL H  
Address 510 WALNUT STREET 9TH FLOOR  
City-State-Zip: PHILADELPHIA PA 19106

Title CAO  
Name GILLESPIE, MICHAEL 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:** MICHAEL GILLESPIE

**CHIEF ACCOUNTING OFFICER**

**02/17/2016**

Electronic Signature of Signing Authorized Person(s) Detail

Date