

**2014 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M13000006286

**Entity Name:** HHLP BLUE MOON LESSEE, LLC

**Current Principal Place of Business:**

44 HERSHA DRIVE  
HARRISBURG, PA 17102

**Current Mailing Address:**

44 HERSHA DRIVE  
HARRISBURG, PA 17102

**FEI Number:** 46-3831113

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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	Title	MANAGER OF TAXATION
Name	PARIKH, ASHISH R	Name	SHADE, BRETT
Address	44 HERSHA DRIVE	Address	44 HERSHA DRIVE
City-State-Zip:	HARRISBURG PA 17102	City-State-Zip:	HARRISBURG PA 17102

*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** 02/20/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date