

**2017 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:**

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 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

*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:** ASHISH R PARIKH

**CFO**

**01/17/2017**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date