

2015 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 CFO
Name PARIKH, ASHISH R
Address 510 WALNUT STREET
9TH FLOOR
City-State-Zip: PHILADELPHIA PA 19106

Title MANAGER OF TAXATION
Name SHADE, BRETT
Address 44 HERSHA DRIVE
City-State-Zip: HARRISBURG PA 17102

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: BRETT SHADE

MANAGER OF TAXATION 01/14/2015

Electronic Signature of Signing Authorized Person(s) Detail

_____ Date