

**2021 FOREIGN LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# M15000001016

**Entity Name:** HARBORSIDE LESSEE, LLC

**Current Principal Place of Business:**

4747 BETHESDA AVENUE  
SUITE 1100  
BETHESDA, MD 20814

**Current Mailing Address:**

4747 BETHESDA AVENUE  
SUITE 1100  
BETHESDA, MD 20814 US

**FEI Number:** 32-0458399

**Certificate of Status Desired:** No

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

C T 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 MEMBER  
Name PEBBLEBROOK HOTEL LESSEE INC  
Address 4747 BETHESDA AVENUE  
SUITE 1100  
City-State-Zip: BETHESDA MD 20814

Title PRESIDENT  
Name MARTZ, RAYMOND  
Address 4747 BETHESDA AVENUE  
SUITE 1100  
City-State-Zip: BETHESDA MD 20814

Title VP  
Name FISHER, THOMAS C.  
Address 4747 BETHESDA AVENUE  
SUITE 1100  
City-State-Zip: BETHESDA MD 20814

*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:** THOMAS C. FISHER

VP

10/01/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date