

2002 UNIFORM BUSINESS REPORT (UBR)

0002366 AB

DOCUMENT # A00000002049
 1. Entity Name
HRP OWNERS LIMITED PARTNERSHIP

FILED

02 JUL 23 AM 8:47

SECRETARY OF STATE
 TALLAHASSEE FLORIDA

Principal Place of Business Mailing Address
 ONE WASHINGTON STREET ONE WASHINGTON STREET
 C/O FINE HOTELS CORP. C/O FINE HOTELS CORP.
 WELLESLEY MA 02481 WELLESLEY MA 02481



2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

DUE BY: SEPTEMBER 25, 2002

4. FEI Number **06-1603520** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
 KG&L SERVICES, INC.
 390 NORTH ORANGE AVE.
 SUITE 600
 ORLANDO FL 32801

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. **\$10,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE. SEE REVERSE SIDE FOR FEE INFORMATION.

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	HRP OWNERS CORP. ONE WASHINGTON STREET WELLESLEY MA 02481
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13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

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 *****558.75 *****558.75

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: *[Signature]* **GENERAL S. FINBERG, PRES.** **HRP OWNERS CORP.** **7-19-02**

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