


**2005 LIMITED PARTNERSHIP ANNUAL REPORT  
Due By September 7, 2005**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 JUL 22 AM 10:53

DOCUMENT # A0000002049				
1. Entity Name HRP OWNERS LIMITED PARTNERSHIP				
Principal Place of Business ONE WASHINGTON STREET C/O FINE HOTELS CORP. WELLESLEY, MA 02481		Mailing Address ONE WASHINGTON STREET C/O FINE HOTELS CORP. WELLESLEY, MA 02481		
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State		
Zip		Zip		Country
4. FEI Number <b>06-1603520</b>		Chg-LP 07072005		Applied For CR2E003 (10/03) Not Applicable
5. Certificate of Status Desired		<input checked="" type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent	
G&L AGENT SERVICES, INC. 390 NORTH ORANGE AVE. SUITE 600 ORLANDO, FL 32801			Name	
			Street Address (P.O. Box Number is Not Acceptable)	
			City	
			<b>FL</b>	
			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>				
9. Capital Contributions as Shown on record. <b>\$10,000.00</b>		10. Amount of Capital Contributions in FLORIDA to date.		In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.
<b>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.</b>				
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY	
DOCUMENT #	NAME		STREET ADDRESS	
NAME	HRP OWNERS CORP.		CITY-ST-ZIP	
STREET ADDRESS	ONE WASHINGTON STREET			
CITY-ST-ZIP	WELLESLEY, MA 02481			
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STREET ADDRESS				
CITY-ST-ZIP				
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: <i>Gerald S. L...</i>			Date: <b>7-18-05</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			<small>Date Daytime Phone #</small>	

STAPLE CHECK HERE

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