## **2006 LIMITED PARTNERSHIP ANNUAL REPORT** Due By September 6, 2006

## **DOCUMENT # A00000002049**

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

**FILED** Jul 25, 2006 08:00 AM **Secretary of State** 



## DO NOT WRITE IN THIS SPACE

07102006 No Chg-LP

CR2E003 (11/05)

4. FEI Number 06-1603520

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

6. Name and Address of Current Registered Agent		
G&L AGENT SERVICES, INC. 390 NORTH ORANGE AVE. SUITE 600 ORLANDO, FL 32801		DO NOT WRITE IN THIS SPACE
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		
the obligations of registered agent.		U00800572333
SIGNATURE Signature, typed or printed name of registered agent and little if applicable		07/25/06-8002 622 500.75
	FiLE NOW!!! FEE IS \$500.00 Due by September 6, 2006	In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.
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	
DOCUMENT # NAME STREET ADDRESS CITY+ST-ZIP		DO NOT WRITE IN THIS SPACE
DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP		
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DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP		
DOCUMENT #		

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: .

STAPLE CHECK HERE

NAME STREET ADDRESS CITY-\$1-ZIP