

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 25, 2005 08:00 AM
Secretary of State



DOCUMENT # P00000117062

1. Entity Name
 HRP MANAGER CORP.

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

Mailing Address
 C/O FINE HOTELS CORP.
 ONE WASHINGTON STREET
 WELLESLEY, MA 02481



07072005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 06-1603521	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

G & L AGENT SERVICES, INC.
 390 NORTH ORANGE AVENUE, STE 600
 ORLANDO, FL 32801

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	FINEBERG, GERALD S
STREET ADDRESS	C/O FINE HOTELS CORP. ONE WASHINGTON ST.
CITY-ST-ZIP	WELLESLEY, MA 02481
TITLE	TD
NAME	DONOVAN, JOSEPH A
STREET ADDRESS	C/O FINE HOTELS CORP. ONE WASHINGTON ST.
CITY-ST-ZIP	WELLESLEY, MA 02481
TITLE	SD
NAME	FRANK, DANIEL
STREET ADDRESS	C/O FINE HOTELS CORP. ONE WASHINGTON ST.
CITY-ST-ZIP	WELLESLEY, MA 02481
TITLE	ASD
NAME	CHESNICK, LYDIA G
STREET ADDRESS	125 SUMMER STREET
CITY-ST-ZIP	BOSTON, MA 02110
TITLE	D
NAME	DALY, SUSAN
STREET ADDRESS	99 SUMMER STREET
CITY-ST-ZIP	BOSTON, MA 02110
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Gerald S Fine* 17-18-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #