


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 24, 2006 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
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DO NOT WRITE IN THIS SPACE



07102006 No Chg-P CR2E034 (11/05)

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

FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006

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 NAME STREET ADDRESS CITY-ST-ZIP	PD FINEBERG, GERALD S C/O FINE HOTELS CORP. ONE WASHINGTON ST. WELLESLEY, MA 02481
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DONOVAN, JOSEPH A C/O FINE HOTELS CORP. ONE WASHINGTON ST. WELLESLEY, MA 02481
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FRANK, DANIEL C/O FINE HOTELS CORP. ONE WASHINGTON ST. WELLESLEY, MA 02481
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASD CHESNICK, LYDIA G 125 SUMMER STREET BOSTON, MA 02110
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DALY, SUSAN 99 SUMMER STREET 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 exemptions contained in Chapter 119, 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 Fineberg* 7-10-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #