


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 24, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P00000117062</b> 1. Entity Name HRP MANAGER CORP.	
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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"/>	<b>\$8.75</b> 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	<b>DO NOT WRITE IN THIS SPACE</b>
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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

<b>FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006</b>	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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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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07/25/06-80002-019 158.75

**DO NOT WRITE  
IN THIS SPACE**

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 #