


2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

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|------------------------------------|---|
| DOCUMENT # P00000117195 |  |
| 1. Entity Name HRP OWNERS 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 |
|--|--|

DO NOT WRITE IN THIS SPACE



07072005 No Chg-P CR2E034 (10/03)

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|---|-------------------------------|
| 4. FEI Number 06-1603032 | 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

**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 accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)

DATE _____

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| FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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. |
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10. OFFICERS AND DIRECTORS

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|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD FINEBERG, GERALD S ONE WASHINGTON STREET WELLESLEY, MA 02481 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD DONOVAN, JOSEPH A ONE WASHINGTON STREET WELLESLEY, MA 02481 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD FRANK, DANIEL ONE WASHINGTON STREET 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 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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07/25/05-80007-002 158.75

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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* 7-18-05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #