2005 FOR PROFIT CORPORATION ANNUAL REPORT

ANNUAL REPORT Jul 25, 2005 08:00 AM DOCUMENT # P01000007204 **Secretary of State** 1. Entity Name FINE HOTELS MANAGER CORP. Principal Place of Business Mailing Address C/O FINE HOTELS CORP. C/O FINE HOTELS CORP. ONE WASHINGTON STREET **ONE WASHINGTON STREET** WELLESLEY, MA 02481 WELLESLEY, MA 02481 07072005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 06-1605904 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent G&L AGENT SERVICES, INC. DO NOT WRITE 390 NORTH ORANGE AVENUE SUITE 600 IN THIS SPACE ORLANDO, FL 32801 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 Signature, typod or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Trust Fund Contribution. Added to Fees Due by September 7, 2005 10. OFFICERS AND DIRECTORS TITLE FINEBERG, GERALD S NAME STREET ADDRESS ONE WASHINGTON STREET CITY-ST-ZIP WELLESLEY, MA 02481 25/05-80007-003 158.75 TITLE NAME GOLDBERG, KENNTH M STREET ADDRESS 125 SUMMER STREET CITY-ST-ZIP BOSTON, MA 02110 TITLE DONOVAN, JOSEPH NAME STREET ADDRESS ONE WASHINGTON STREET DO NOT WRITE CITY-ST-ZIP WELLESLEY, MA 02481 TITLE IN THIS SPACE NAME STREET ADDRESS C!TY-ST-ZIP TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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:

CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

17-18-05

Daytime Phone

FILED