

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # P01000007204

1. Entity Name
FINE HOTELS 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**



07102006 No Chg-P CR2E034 (11/05)

4. FEI Number 06-1605904	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired ☒ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**G&L AGENT SERVICES, INC.
390 NORTH ORANGE AVENUE
SUITE 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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**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	TD FINEBERG, GERALD S ONE WASHINGTON STREET WELLESLEY, MA 02481
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	S GOLDBERG, KENNTH M 125 SUMMER STREET BOSTON, MA 02110
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	AS DONOVAN, JOSEPH ONE WASHINGTON STREET WELLESLEY, MA 02481
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	
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07/25/06-80002-018 158.75

**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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-10-06

Date

Daytime Phone # _____