


**2006 LIMITED PARTNERSHIP ANNUAL REPORT  
Due By May 1, 2006**

**FILED**

**06 MAY -1 PM 1:21**

**SECRETARY OF STATE  
TALLAHASSEE FLORIDA**


**DOCUMENT # A05000001814**  
 1. Entity Name  
**LAXMI AUGUSTA NATIONAL HOTEL II, LTD.**



Principal Place of Business      Mailing Address  
 880 S. PLEASANTBURG DRIVE, SUITE 3-G      880 S. PLEASANTBURG DRIVE, SUITE 3-G  
 GREENVILLE, SC 29607      GREENVILLE, SC 29607

2. Principal Place of Business      3. Mailing Address  
**600 Pointe Circle**      **600 Pointe Circle**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
**Greenville SC**      **Greenville SC**  
 Zip      Country      Zip      Country  
**29615**           **29615**           Country



04182006      Chg-LP      CR2E003 (11/05)  
 4. FEI Number      Applied For  
**20-4618226**      Not Applicable  
 5. Certificate of Status Desired            \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**  
 CUROTTO, DONALD J  
 300 S. ORANGE AVENUE, SUITE 1000  
 ORLANDO, FL 32801

**7. Name and Address of New Registered Agent**  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      **FL**      Zip Code

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.

**FILE NOW!!! FEE IS \$500.00  
After May 1, 2006, Fee will be \$900.00**

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

**12. GENERAL PARTNER INFORMATION**

DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
M98000000512	AURO AUGUSTA NATIONAL HOTEL, LLC	880 S. PLEASANTBURG DRIVE, SUITE 3-G	GREENVILLE, SC 29607

**13. ADDRESS CHANGES ONLY**

STREET ADDRESS	CITY-ST-ZIP
<b>600 Pointe Circle</b>	<b>Greenville SC 29615</b>

STAPLE CHECK HERE

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.  
**SIGNATURE:** *Jayanth P. Ramia*      *4/27/06 864 232 2344*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER      Date      Daytime Phone #