


2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
Mar 26, 2007 08:00 AM
Secretary of State

DOCUMENT # A05000001815	
1. Entity Name LAXMI AUGUSTA NATIONAL HOTEL III, LTD.	

Principal Place of Business 60 POINTE CIRCLE GREENVILLE, SC 29615	Mailing Address 60 POINTE CIRCLE GREENVILLE, SC 29615
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

03012007	Chg-LP	CR2E003 (12/06)
4. FEI Number 20-4618161	Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>	\$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	Zip Code
FL	

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, 2007, 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		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	M98000000512 AURO AUGUSTA NATIONAL HOTEL, LLC 60 POINTE CIRCLE GREENVILLE, SC 29615	STREET ADDRESS	
		CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS	
		CITY-ST-ZIP	000000679237 04/03/07-80030-011 500.00
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		CITY-ST-ZIP	

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: *Jayanti P. Radia* **JAYANTI P. RADIA** 3/26/07 8642329444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #