



**2008 LIMITED PARTNERSHIP ANNUAL REPORT  
Due By May 1, 2008**

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

08 APR 11 PH 1:59

<b>DOCUMENT # A05000001815</b>					
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		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
CUROTTO, DONALD J 300 S. ORANGE AVENUE, SUITE 1000 ORLANDO, FL 32801				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 _____	
<p><b>FILE NOW!!! FEE IS \$500.00</b>  <b>After May 1, 2008, Fee will be \$900.00</b></p> <p><b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b>  <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b></p>					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	M98000000512		STREET ADDRESS	 <b>500123558215</b> 04/08/08--01023--001 **500.00	
NAME	AURO AUGUSTA NATIONAL HOTEL, LLC		CITY-ST-ZIP		
STREET ADDRESS	60 POINTE CIRCLE				
CITY-ST-ZIP	GREENVILLE, SC 29615				
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
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NAME			CITY-ST-ZIP		
STREET ADDRESS					
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: _____			Date: 4-1-08		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER					

STAPLE CHECK HERE