

FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

**LIMITED PARTNERSHIP
ANNUAL REPORT
1998**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 DEC 15 AM 10:06

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12/17

1. Name of Limited Partnership

1a. DOCUMENT #
A97000000491

JHM EAGLE WATCH HOTEL, LTD.



Mailing Address

**880 S. PLEASANTBURG DRIVE
GREENVILLE SC 29607**

Principal Office Address

**% ALLEN LANG MORRISON & CUROTTO, P.A.
105 E. ROBINSON ST., SUITE 201
ORLANDO FL 32801**

3. Date Formed or Registered

02/25/1997

5a. Capital Contributions as Shown on record

\$2,900,000.00

3a. Date of Last Report

5b. Amount of Capital Contributions in FLORIDA to date:

2. Mailing Address

**880 S. Pleasantburg Dr.
Suite 3-C**

2a. Principal Office Address

P.O. Box 8375

Suite, Apt. #, etc.

City & State

Greenville S.C.

City & State

Greenville SC

Zip

29607 U.S.A.

Zip

29604 U.S.A.

4. State or Country of Formation

FL

6. FEI Number

58-2296605

☐ Applied For
☐ Not Applicable

7. Certificate of Status Desired

☒ **\$8.75 Additional Fee Required**

8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent

**CUROTTO, DONALD ESQUIRE
105 E. ROBINSON ST., SUITE 201
ORLANDO FL 32801**

10. If changed, new Registered Agent/Office

Name

Street Address (P.O. Box Number Is Not Acceptable)

Suite, Apt. #, etc.

City

FL

Zip Code

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

11. Name(s) of General Partner(s)

AURO HOTEL ORLANDO, LLC

11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)

880 S. PLEASANTBURG D

11b. City, State & Zip Code

GREENVILLE SC 29607

11c. Registration/Document Number

M97000000092

000002381200--1
-12/23/97-01091-014
****551.00 ****550.00

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

Typed or Printed Name of General Partner Signing Form

**Jayanti P. Rama
JAYANTI P. RAMA**

DATE

12/9/97

Daytime Telephone Number

864-832-9944

CR2E003 (6/97)