

2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
Mar 08, 2005 08:00 AM
Secretary of State

DOCUMENT # A97000000491		
1. Entity Name JHM EAGLE WATCH HOTEL, LTD.		

Principal Place of Business P.O. BOX 8375 GREENVILLE, SC 29604	Mailing Address 880 S. PLEASANTBURG DRIVE STE C-G GREENVILLE, SC 29607
--	---

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



01072005 Chg-LP CR2E003 (10/03)

4. FEI Number 58-2296605		Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CUROTTO, DONALD ESQUIRE 105 E. ROBINSON ST., SUITE 201 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

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

DATE

9. Capital Contributions as Shown on record. \$2,900,000.00	10. Amount of Capital Contributions in FLORIDA to date.
---	---

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 #	M97000000092	STREET ADDRESS	
NAME	AURO HOTEL ORLANDO, LLC	CITY - ST - ZIP	
STREET ADDRESS	880 S. PLEASANTBURG DRIVE		
CITY - ST - ZIP	GREENVILLE, SC 29607		
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			

U00000255369
03/08/05-80011-020 526.25

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE

Jayanti R. Rana
JAYANTI R. RANA

1/14/05 864-232
67444