

2001 UNIFORM BUSINESS REPORT (UBR)

0017860 AF

DOCUMENT # A97000002613

1. Entity Name
LAXMI REPUBLIC HOTEL, LTD.

FILED

01 FEB 19 AM 10:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**880 SOUTH PLEASANTBURG DRIVE
GREENVILLE SC 29607**

Mailing Address
**880 SOUTH PLEASANTBURG DRIVE
GREENVILLE SC 29607**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

4. FEI Number **58-2375148**

Applied For
 Not Applicable

Zip Country

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 ESQ.
C/O ALLEN, LANG, MORRISON & CUROTTO, P.A.
105 E. ROBINSON STREET, 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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

9. Capital Contributions as Shown on record. **\$2,152,030.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

**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 # **M97000000810**
NAME **AURO REPUBLIC HOTEL, LLC.**
STREET ADDRESS **880 S. PLEASANTBURG DRIVE**
CITY-ST-ZIP **GREENVILLE SC 29607**

STREET ADDRESS **700003744957--9**
CITY-ST-ZIP **-02/21/01--01042--001
***526.25 ***526.25**

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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 Required*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date 2/13/01 Daytime Phone # 864-232-9944

CR2E003 (11/00)