


**2005 LIMITED PARTNERSHIP ANNUAL REPORT  
Due By May 1, 2005**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
05 MAR 18 AM 9:49

<b>DOCUMENT # A97000002613</b>				
1. Entity Name LAXMI REPUBLIC HOTEL, LTD.				
Principal Place of Business 8840 UNIVERSAL BLVD. ORLANDO, FL 32819		Mailing Address P.O. BOX 8375 GREENVILLE, SC 29604		
2. Principal Place of Business		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 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	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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>				
9. Capital Contributions as Shown on record. <b>\$2,152,030.00</b>		10. Amount of Capital Contributions in FLORIDA to date.		
<b>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.</b>				
12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY		
DOCUMENT #	M97000000810	STREET ADDRESS		
NAME	AURO REPUBLIC HOTEL, LLC.	CITY - ST - ZIP		
STREET ADDRESS	880 S. PLEASANTBURG DRIVE		<b>100049240891</b>	
CITY - ST - ZIP	GREENVILLE, SC 29607		03/28/05--01009--008 **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: <i>Jayanti P. Rana</i>		Date: <i>11/4/05</i> Daytime Phone #: <i>864 232 9144</i>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER <i>JAYANTI P. RANA</i>				

STAPLE CHECK HERE