

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
Mar 23, 2007 08:00 A
Secretary of State

DOCUMENT # A97000002613	
1. Entity Name LAXMI REPUBLIC HOTEL, LTD.	

Principal Place of Business 60 POINTE CIRCLE GREENVILLE, SC 29615	Mailing Address 60 POINTE CIRCLE GREENVILLE, SC 29615
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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



03012007 Chg-LP CR2E003 (12/06)

4. FEI Number
58-2375148

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 % SHUTTS & BOWEN 300 SOUTH 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 _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$500.00
After May 1, 2007, Fee will be \$900.00

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	STREET ADDRESS	
NAME	AURO REPUBLIC HOTEL, LLC.	CITY-ST-ZIP	
STREET ADDRESS	60 POINTE CIRCLE		
CITY-ST-ZIP	GREENVILLE, SC 29615		
DOCUMENT #		STREET ADDRESS	U000000678948
NAME		CITY-ST-ZIP	03/30/07-80084-011 500.00
STREET ADDRESS			
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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: *Jayanti P. Rama* *JAYANTI P. RAMA* *03/10/07* *12/23/07* *9944*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER