

**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

06 APR 24 AM 10:22

**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

100 Pointe Circle  
 Suite, Apt. #, etc.

3. Mailing Address

100 Pointe Circle  
 Suite, Apt. #, etc.



04182006 Chg-LP CR2E003 (11/05)

City & State  
 Greenville SC  
 Zip 29615 Country

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 Greenville SC  
 Zip 29615 Country

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

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

7. Name and Address of New Registered Agent

Name Donald Curotto Shuttles & Bauen  
 Street Address 305 South Orange Ave  
 Suite 1000  
 City Orlando FL Zip Code 32801

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 title if applicable.

DATE

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2006, 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

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

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 STREET ADDRESS  
 CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS 100 Pointe Circle  
 CITY-ST-ZIP Greenville SC 29615

STREET ADDRESS  
 CITY-ST-ZIP

STREET ADDRESS 800074661808  
 CITY-ST-ZIP 05/16/06--01023--012 \*\*500.00

STREET ADDRESS  
 CITY-ST-ZIP

STREET ADDRESS  
 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE