

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

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 06 APR 24 AM 10:55

<b>DOCUMENT # A97000002517</b> 1. Entity Name LAXMI SAND LAKE HOTEL, LTD.			
Principal Place of Business P.O. BOX 8375 GREENVILLE, SC 29604		Mailing Address 880 SOUTH PLEASANTBURG DRIVE GREENVILLE, SC 29607	
2. Principal Place of Business 60 Pointe Circle Suite, Apt. #, etc.		3. Mailing Address 60 Pointe Circle Suite, Apt. #, etc.	
City & State Greenville SC Zip 29615 Country		City & State Greenville SC Zip 29615 Country	
4. FEI Number 58-2355648		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  CUROTTO, DONALD ESQ. C/O ALLEN, LANG, MORRISON & CUROTTO, P.A. 105 E. ROBINSON STREET, SUITE 201 ORLANDO, FL 32801		7. Name and Address of New Registered Agent Name: Donald J. Curotto Street Address (P.O. Box Number is Not Acceptable): 300 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>			
<b>FILE NOW!!! FEE IS \$500.00</b> <b>After May 1, 2006, Fee will be \$900.00</b>			
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>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 #	M97000000768	STREET ADDRESS	60 Pointe Circle
NAME	AURO SAND LAKE HOTEL, LLC	CITY-ST-ZIP	Greenville SC 29615
STREET ADDRESS	880 S. PLEASANTBURG DRIVE	STREET ADDRESS	
CITY-ST-ZIP	GREENVILLE, SC 29607	CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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CITY-ST-ZIP		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: <i>Gary A. L. Hanna</i>		Date: 05/17/06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Daytime Phone #: 864 2329944	

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