

2002 UNIFORM BUSINESS REPORT (UBR)

0019190 AB

DOCUMENT # A97000002611

1. Entity Name

LAXMI AUSTRIAN HOTEL, LTD.

FILED

02 FEB 27 AM 9:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

880 S. PLEASANTBURG DRIVE
GREENVILLE SC 29607

Mailing Address

880 S. PLEASANTBURG DRIVE
GREENVILLE SC 29607

2. Principal Place of Business

8800 Universal Blvd
Suite, Apt. #, etc.

3. Mailing Address

PO Box 8375
Suite, Apt. #, etc.

DUE BY MAY 1, 2002

City & State

Orlando FL

City & State

Greenville SC

4. FEI Number

58-2375144

Applied For

Not Applicable

Zip

Country

32819 USA

Zip

Country

29604 USA

5. Certificate of Status Desired ☐

\$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

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

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions
as Shown on record.

\$2,229,315.00

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 # M97000000811
NAME AURO AUSTRIAN HOTEL, LLC
STREET ADDRESS 880 S. PLEASANTBURG DRIVE
CITY-ST-ZIP GREENVILLE SC 29607

STREET ADDRESS

CITY-ST-ZIP

100005842021-4

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

Jayanti P. Rama (Jayanti P. Rama) 1/24/02 864 233 9944

CR2E003 (9/01)