

2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
Mar 08, 2005 08:00 AM
Secretary of State

DOCUMENT # A97000002611 1. Entity Name LAXMI AUSTRIAN HOTEL, LTD.					
Principal Place of Business 8800 UNIVERSAL BLVD. ORLANDO, FL 32819			Mailing Address P.O. BOX 8375 GREENVILLE, SC 29604		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		01072005 Chg-LP CR2E003 (10/03)	
Zip		Country		4. FEI Number 58-2375144	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For Not Applicable	
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. 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					
9. Capital Contributions as Shown on record. \$2,229,315.00			10. Amount of Capital Contributions in FLORIDA to date.		
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 #	M9700000811		STREET ADDRESS		
NAME	AURO AUSTRIAN HOTEL, LLC		CITY-ST-ZIP		
STREET ADDRESS	880 S. PLEASANTBURG DRIVE		CITY-ST-ZIP		
CITY-ST-ZIP	GREENVILLE, SC 29607		CITY-ST-ZIP		
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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)(f), 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 R. Rana* 11/4/05 846-1324-4444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #
JAYANTI R. RANA