



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

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

06 APR 24 AM 10:22

<b>DOCUMENT # A97000002611</b> 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 60 Pointe Circle Suite, Apt. #, etc.		3. Mailing Address 60 Pointe Circle Suite, Apt. #, etc.			
City & State Greenville SC Zip 29615		City & State Greenville SC Zip 29615		4. FEI Number 58-2375144 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. Curatto Shuts & Bowen Street Address (P.O. Box Number is Not Acceptable) 300 South Orange Avenue Ste 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>					
<b>12. GENERAL PARTNER INFORMATION</b>			<b>13. ADDRESS CHANGES ONLY</b>		
DOCUMENT #	M97000000811		STREET ADDRESS	60 Pointe Circle	
NAME	AURO AUSTRIAN 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		
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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: <u>Gary A. L. Curatto</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			Date <u>4/15/06</u> <u>8642329744</u> <small>Daytime Phone #</small>		

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