

2008 LIMITED PARTNERSHIP REINSTATEMENT

DOCUMENT # A97000002611

1. Entity Name
LAXMI AUSTRIAN HOTEL, LTD.



FILED
08 NOV 12 AM 8:12
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business
60 POINTE CIRCLE
GREENVILLE, SC 29615

Mailing Address
60 POINTE CIRCLE
GREENVILLE, SC 29615

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10302008 REIN-LP CR2E100 (1/07)

4. FEI Number
58-2375144

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CUROTTO, DONALD ESQ.
% SHUTTS & BOWEN
300 SOUTH ORANGE AVENUE, SUITE 1000
ORLANDO, FL 32801

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. Pursuant to the provisions of section 620.1810 or 620.1909, Florida Statutes, I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of Chapter 620, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable. (REGISTERED AGENT MUST SIGN)

DATE

FILE NOW!!! FEE IS \$500.00
After January 1, 2009, Fee will be \$1000.00

In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.

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 60 POINTE CIRCLE
CITY-ST-ZIP GREENVILLE, SC 39615

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

800123498928
4-15-08 01009-015
\$500.00
L. SELLERS

NOV 13 2008

EXAMINER

REINSTATEMENT

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 #

JAYANTI P. RAO

11.4.08

864
2329944

STAPLE CHECK HERE