



2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 MAR 18 AM 9:49

DOCUMENT # A97000002613					
1. Entity Name LAXMI REPUBLIC HOTEL, LTD.					
Principal Place of Business 8840 UNIVERSAL BLVD. ORLANDO, FL 32819			Mailing Address P.O. BOX 8375 GREENVILLE, SC 29604		
2. Principal Place of Business		3. Mailing Address		 01072005 Chg-LP CR2E003 (10/03) 4. FEI Number 58-2375148 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
CUROTTO, DONALD ESQ. C/O ALLEN, LANG, MORRISON & CUROTTO, P.A. 105 E. ROBINSON STREET, SUITE 201 ORLANDO, FL 32801				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. \$2,152,030.00		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 #	M97000000810		STREET ADDRESS		
NAME	AURO REPUBLIC HOTEL, LLC.		CITY-ST-ZIP	100049240891	
STREET ADDRESS	880 S. PLEASANTBURG DRIVE			03/28/05--01009--008 **526.25	
CITY-ST-ZIP	GREENVILLE, SC 29607		STREET ADDRESS		
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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: 			11/4/05 8642329144		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date Daytime Phone #		
JAYANTI P. RADDA					

STAPLE CHECK HERE