

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

06 APR 24 AM 10:22

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

600 Pointe Circle
 Suite, Apt. #, etc.

3. Mailing Address

600 Pointe Circle
 Suite, Apt. #, etc.



04182006 Chg-LP CR2E003 (11/05)

City & State

Greenville SC

City & State

Greenville SC

4. FEI Number

58-2375148

Applied For

Not Applicable

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
 Donald J. Curotto Shuttlesworth
 Street Address (P.O. Box Number is Not Acceptable)
 300 South Orange Ave
 Suite 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

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

DATE

FILE NOW!!! FEE IS \$500.00
After May 1, 2006, Fee will be \$900.00

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

DOCUMENT # M97000000810
 NAME AURO REPUBLIC HOTEL, LLC.
 STREET ADDRESS 880 S. PLEASANTBURG DRIVE
 CITY-ST-ZIP GREENVILLE, SC 29607

13. ADDRESS CHANGES ONLY

STREET ADDRESS 600 Pointe Circle
 CITY-ST-ZIP Greenville SC 29615

DOCUMENT #
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STREET ADDRESS
 CITY-ST-ZIP

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 119, Florida Statutes

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE

James L. Hanna

4/18/06 9642329944