

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A98000001283**

1. Entity Name

LAXMI AUGUSTA NATIONAL HOTEL, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAR -6 PM 5:38



DO NOT WRITE IN THIS SPACE

Principal Place of Business C/O ALLEN, LANG, MORRISON & CUROTTO, P.A. 105 EAST ROBINSON STREET, SUITE 201 ORLANDO FL 32801	Mailing Address P.O. BOX 8375 GREENVILLE SC 29604-8375
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number 57-1067993	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CUROTTO, DONALD ESQ. C/O ALLEN, LANG, MORRISON & CUROTTO, P.A. 105 EAST ROBINSON STRET, SUITE 201 ORLANDO FL 32801
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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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. \$3,067,020.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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 #	M98000000512
NAME	AURO AUGUSTA NATIONAL HOTEL, LLC
STREET ADDRESS	880 S. PLEASANTBURG DRIVE
CITY - ST - ZIP	GREENVILLE SC 29607
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	5000003179055--8
CITY - ST - ZIP	-03/22/00--01011--001
STREET ADDRESS	****526.25 ****526.25
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
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CITY - ST - ZIP	
STREET ADDRESS	
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 of trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: *[Signature]* SIGNATURE REQUIRED member 2/22/00 810-232-9944
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/99)