


2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
Mar 23, 2005 08:00 AM
Secretary of State

DOCUMENT # A98000001283 1. Entity Name LAXMI AUGUSTA NATIONAL HOTEL, LTD.					
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		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		01072005 Chg-LP CR2E003 (10/03)	
City & State		City & State		4. FEI Number 57-1067993	
Zip Country		Zip Country		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 EAST ROBINSON STREET, SUITE 201 ORLANDO, FL 32801				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. 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. \$3,067,020.00			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 #	M98000000512		STREET ADDRESS		
NAME	AURO AUGUSTA NATIONAL HOTEL, LLC		CITY-ST-ZIP		
STREET ADDRESS	880 S. PLEASANTBURG DRIVE				
CITY-ST-ZIP	GREENVILLE, SC 29607				
DOCUMENT #			STREET ADDRESS		
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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: <i>Jayanti P. Ramola</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			11/4/05 844-232-9944 Date Daytime Phone #		

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