

**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS


06 APR 24 AM 10:22

<b>DOCUMENT #A98000001283</b>	
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
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2. Principal Place of Business 600 Pointe Circle Suite, Apt. #, etc.	3. Mailing Address 600 Pointe Circle Suite, Apt. #, etc.
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City & State Greenville SC	City & State Greenville SC
Zip 29615	Zip 29615
Country	Country

	
04182006 Chg-LP	CR2E003 (11/05)
4. FEI Number 57-1067993	Applied For Not Applicable
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
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7. Name and Address of New Registered Agent Name: Donald J. Curitto Street Address (P.O. Box Number is Not Acceptable): 300 South Orange Avenue Ste 100 City: ORLANDO FL Zip Code: 32801
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

<b>FILE NOW!!! FEE IS \$500.00</b> <b>After May 1, 2006, Fee will be \$900.00</b>
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>

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	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	600 Pointe Circle
CITY-ST-ZIP	Greenville SC 29615
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
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 620, Florida Statutes.

SIGNATURE: Gary A. P. Hanna Date: 4/18/06 Daytime Phone #: 864 232 4944

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

STAPLE CHECK HERE