

**2003 LIMITED PARTNERSHIP  
UNIFORM BUSINESS REPORT (UBR)**

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 STRET. SUITE 201  
ORLANDO FL 32801**

Mailing Address  
**P.O. BOX 8375  
GREENVILLE SC 29604**

**FILED**  
**03 MAR 24 PM 5:20**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**DUE BY MAY 1, 2003**

4. FEI Number **57-1067993**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

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 EAST ROBINSON STRET, 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

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

DATE

9. Capital Contributions **\$3,067,020.00**  
as Shown on record.

10. Amount of Capital Contributions  
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

**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**  
NAME **AURO AUGUSTA NATIONAL HOTEL, LLC**  
STREET ADDRESS **880 S. PLEASANTBURG DRIVE**  
CITY-ST-ZIP **GREENVILLE SC 29607**

STREET ADDRESS

CITY-ST-ZIP

**900014557669**

**03/24/03--01078--008 \*\*576.25**

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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:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**3/20/03**

Date

Daytime Phone #

**864 2329944**

CR2E003 (10/02)

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