DOCUMENT # A99000001961

1. Entity Name

JHM RUBY LAKE HOTEL, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 NOV -9 PM 12:48

| Principal Place of Business | Mailing Address |
|---|---|
| C/O ALLEN, LANG, CUROTTO & PEED, P.A.<br>14 EAST WASHINGTON STREET, SUITE 600<br>ORLANDO FL 32801 | 880 SOUTH PLEASANTBURG DRIVE Suite 3g<br>GREENVILLE SC 29607 |

DO NOT WRITE IN THIS SPACE
57-10 68495

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

4. FEI Number APPLIED FOR ☐ 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.<br>C/O ALLEN, LANG, CUROTTO & PEED, P.A.<br>14 EAST WASHINGTON STREET, SUITE 600<br>ORLANDO FL 32801 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City FL Zip Code |

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

| Capital Contributions as Shown on record. $1,000,000.00 | 10. Amount of Capital Contributions in FLORIDA to date. | 11. MAKE CHECK PAYABLE TO 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.**

| GENERAL PARTNER INFORMATION | 13. ADDRESS CHANGES ONLY |
|---|---|
| DOCUMENT # M97000000811<br>NAME AURO AUSTRIAN HOTEL, LLC<br>STREET ADDRESS 880 SOUTH PLEASANTBURG DRIVE<br>CITY-ST-ZIP GREENVILLE SC 29607 | STREET ADDRESS<br>CITY-ST-ZIP |
| DOCUMENT # M99000002013<br>NAME LAKE BV, LLC<br>STREET ADDRESS 650 TOWN CENTER DRIVE, SUITE 1720<br>CITY-ST-ZIP COSTA MESA CA 92626 | STREET ADDRESS<br>CITY-ST-ZIP |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | STREET ADDRESS<br>CITY-ST-ZIP |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | STREET ADDRESS<br>CITY-ST-ZIP |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | STREET ADDRESS<br>CITY-ST-ZIP |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | STREET ADDRESS<br>CITY-ST-ZIP |

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CR2E003 (11/00)

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: Jhanhan P. Rama 2/21/01 (664) 232-9941
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #