

# 2004 LIMITED PARTNERSHIP REINSTATEMENT

FILED

04 NOV -5 PM 5:37

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

MJH

DOCUMENT # A99000001961

1. Entity Name  
JHM RUBY LAKE HOTEL, LTD.



Principal Place of Business  
RESIDENCE INN LBV  
11450 MARBELLA PALMS CT  
ORLANDO, FL 32837

Mailing Address  
PO BOX 8375  
GREENVILLE, SC 29604

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10272004 REIN-LP

CR2E100 (6/04)

11/5

4. FEI Number  
57-1088495

☒ 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, CUROTTO & PEED, P.A.  
14 EAST WASHINGTON STREET, SUITE 600  
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  
as Shown on record. \$1,000,000.00

10. Amount of Capital Contributions  
in FLORIDA to date.

In accordance with s. 607.193(2)(b), F.S.,  
the limited partnership did not receive the  
prior notice.

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 # M97000000811  
NAME AURO AUSTRIAN HOTEL, LLC  
STREET ADDRESS 880 SOUTH PLEASANTBURG DRIVE  
CITY-ST-ZIP GREENVILLE, SC 29607

STREET ADDRESS  
CITY-ST-ZIP  
000043218240  
12/06/04--01063--007 \*\*\$26.25

DOCUMENT # M99000002013  
NAME LAKE BV, LLC  
STREET ADDRESS 650 TOWN CENTER DRIVE, SUITE 1720  
CITY-ST-ZIP COSTA MESA, CA 92626

STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS  
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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 or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

*James L. Ramo*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

10/28/04

Date

Daytime Phone #

864 232 9944

STAPLE CHECK HERE

REINSTATEMENT  
w/o penalty