

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 05, 2004 08:00 AM
Secretary of State

DOCUMENT # M97000000092

1. Entity Name
AURO HOTEL ORLANDO, LLC



Principal Place of Business
**880 S. PLEASANTBURG DRIVE
SUITE 3G
GREENVILLE, SC 29604**

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

DO NOT WRITE IN THIS SPACE



02022004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number
58-2296602

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CUROTTO, DONALD
105 E. ROBINSON, SUITE 201
ORLANDO, FL 32801**

**DO NOT WRITE
IN THIS SPACE**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
RAMA, HASMUKH P
880 S. PLEASANTBURG DRIVE
GREENVILLE, SC 29604**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
RAMA, JAYANTI P
880 S. PLEASANTBURG DR.
GREENVILLE, SC 29607**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
RAMA, MANHAR P
880 S. PLEASANTBURG DR.
GREENVILLE, SC 29607**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

U000000103946
04/05/04-80077-004 50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Manhar P. Rama*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #