


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 02, 2005 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
--	--



01072005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 58-2296602	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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, 2005**

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	

<p>U00000248829 03/02/05-80045-015 50.00</p> <p>DO NOT WRITE IN THIS SPACE</p>

11. 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 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: Jayanti P. Rama 1/14/05 864-232-7944
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #
JAYANTI P. RAMA