File on or before May 1, 1999 or Limited Liability Company will be

subject to a \$ 400.00 LATE FEE FILED SCOPETARY OF STATE BEVISUALLE CORPORATIONS LIMITED LIABILITY COMPANY FLORIDA DEPARTMENT, OF STATE Katherine Harris ANNUAL REPORT Secretary of State 1999 DIVISION OF CORPORATIONS 931M2 24 AM 10: 37 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE Name and Mailing Address of Limited Liability Company **DOCUMENT # M97000000768** 1a. Principal Place of Business Address AURO SAND LAKE HOTEL, LLC P.O. BOX 8375 880 S. PLEASANTBURG DRIVE 44-AP GREENVILLE SC 29604 GREENVILLE SC 29607 A = A A2 Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified 3a. State of Formation 11/20/1997 SC Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 58-2355642 Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Zip Country Zip Country \$8.75 Additional Fee Required 03/19/1998 7. Name and Address of Current Registered Agent B. Name and Address of New Registered Agent/Office Name CUROTTO, DONALD 105 E. ROBINSON STREET, SUITE 201 Street Address (P.O. Box Number is Not Acceptable) ORLANDO FL 32801 700002826127---04/01/99--01042--012 City 9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Ftorida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations. SIGNATURE _ DATE _ (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when real string) Business Street Address 10. Title Managing Members/Managers City, State and Zip Code MGRM RAMA, H P 880 S. PLEASANTBURG DRIVE GREENVILLE SC MGRM RAMA, J P 880 S. PLEASANTBURG DRIVE GREENVILLE SC MGRM RAMA, M P 880 S. PLEASANTBURG DRIVE GREENVILLE SC

SIGNATURE: 300 ma NHSE10 R (12-98)

11. I do 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 annual report is true and accurate and that my signature shall have the same logal 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, and that my name appears in Block 10, or on an

attachment with an address: