## **2002 UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE

## Mar 25, 2002 8:00 am Secretary of State DOCUMENT # M97000000768 03-25-2002 90019 020 \*\*\*\*50.00 AURO SAND LAKE HOTEL, LLC Principal Place of Business Mailing Address 880 S. PLEASANTBURG DRIVE P.O. BOX 8375 B0048131 **GREENVILLE SC 29607** GREENVILLE SC 29604 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 58-2355642 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CUROTTO, DONALD Street Address (P.O. Box Number is Not Acceptable) 105 E. ROBINSON STREET, SUITE 201 ORLANDO FL 32801 City 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES TITI F MGRM Delete TIT) F ☐ Change ☐ Addition NAME RAMA, HP NAME STREET ADDRESS STREET ADDRESS 880 S. PLEASANTBURG DRIVE CITY-ST-ZIP CITY-ST-ZIP **GREENVILLE SC 29607** ☐ Addition TITLE MGRM ☐ Delete TITLE Change NAME RAMA, J P NAME 880 S. PLEASANTBURG DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP GREENVILLE SC 29607 TITLE MGRM ☐ Delete TITLE Change ☐ Addition NAME NAME RAMA, M P STREET ADDRESS 880 S. PLEASANTBURG DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **GREENVILLE SC 29607** TITLE 💂 Change ☐ Addition ☐ Delete TITLE NAME STREET ÁBDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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.

**FILED**