


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 28, 2005 08:00 AM
Secretary of State

DOCUMENT # M97000000768

1. Entity Name
AURO SAND LAKE HOTEL, LLC



Principal Place of Business Mailing Address

880 S. PLEASANTBURG DRIVE P.O. BOX 8375
SUITE 3G GREENVILLE, SC 29604
GREENVILLE, SC 29607

DO NOT WRITE IN THIS SPACE



03012005 No Chg-LLC CR2E083 (10/03)

4. FEI Number 58-2355642	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 STREET, 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
Due by May 1, 2005**

U00000279392
03/28/05-80064-012 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM RAMA, H P 880 S. PLEASANTBURG DRIVE GREENVILLE, SC 29607
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM RAMA, J P 880 S. PLEASANTBURG DRIVE GREENVILLE, SC 29607
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM RAMA, M P 880 S. PLEASANTBURG DRIVE GREENVILLE, SC 29607
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 G. Ramla*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE Date: *3/22/05* Daytime Phone #: *864 232 9444*

JAYANTI G. RAMLA