## 2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

SIGNATURE AND TYPED OR PRI

## Apr 24, 2006 8:00 am Secretary of State DOCUMENT # M97000000768 04-24-2006 90057 021 \*\*\*\*50.00 1. Entity Name AURO SAND LAKE HOTEL, LLC Principal Place of Business Mailing Address 40058456 880 S. PLEASANTBURG DRIVE P.O. BOX 8375 GREENVILLE, SC 29604 SUITE 3G GREENVILLE, SC 29607 Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc 04182006 Chg-LLC CR2E083 (11/05) City & State City & State 4. FEI Number Applied For magn/ ~VQQV 58-2355642 Not Applicable Country \$5.00 Additional 5. Certificate of Status Desired $\Box$ Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CUROTTO, DONALD 105 E. ROBINSON STREET, SUITE 201 ORLANDO, FL 328Q1 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Make check payable to Due by May 1, 2006 Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. MGRM ☐ Defete TITLE Change ☐ Addition RAMA, H.P. NAME NAME 40 Pointellicle STREET ADDRESS 880 S. PLEASANTBURG DRIVE STREET ADDRESS CITY-ST-ZIP GREENVILLE, SC 29607 CITY-ST-ZIP Greenville SC 29615 MGRM TITLE ☐ Delete TITLE Change ☐ Addition RAMA, J P NAME NAME 600 Pointe Circle 880 S. PLEASANTBURG DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP GREENVILLE, SC 29607 CITY-ST-7IP Greenville SC 29LOIS MGRM TITLE ☐ Delete TITLE Change ☐ Addition NAME RAMA, M.P. NAME 60 Pointe Circle 880 S. PLEASANTBURG DRIVE STREET ADORESS STREET ADDRESS CITY-ST-ZIP GREENVILLE, SC 29607 CITY-ST-ZIP Greenville SC 29415 TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. Hurther 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 of trustee empowered to execute his registration as required by Chapter 608, Florida Statutes. SIGNATURE:

G MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**FILED** 

## ATTACHMENT

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