


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 07, 2008 08:00 AM
Secretary of State

DOCUMENT # M97000000768
 1. Entity Name
 AURO SAND LAKE HOTEL, LLC



| | |
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| Principal Place of Business 60 POINTE CIR GREENVILLE, SC 29615 | Mailing Address 60 POINTE CIR GREENVILLE, SC 29615 |
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DO NOT WRITE IN THIS SPACE



03262008No Chg-LLC CR2E083 (12/07)

| | |
|---|--------------------------------|
| 4. FEI Number 58-2355642 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |

8. Name and Address of Current Registered Agent
 CUROTTO, DONALD
 300 S ORANGE AVE STE 1000
 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)

000000000002
 04/18/08-50053-009 138.75

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM RAMA, H P 60 POINTE CIR GREENVILLE, SC 29615 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM RAMA, J P 60 POINTE CIR GREENVILLE, SC 29615 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM RAMA, M P 60 POINTE CIR GREENVILLE, SC 29615 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| 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 exemptions contained in Chapter 119, 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 *Donald C. Curotto*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date 4/1/08 Daytime Phone # 364 2829944