2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # M97000000768

1. Entity Name
AURO SAND LAKE HOTEL, LLC

Principal Place of Business	Mailing Address
60 POINTE CIR GREENVILLE, SC 29615	60 POINTE CIR GREENVILLE, SC 29615

DO NOT WRITE IN THIS SPACE

03262008No Chg-LLC   CR2E083 (12/07)

4. FEI Number	Applied For
58-2355642	Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

CUROTTO, DONALD
300 S ORANGE AVE STE 1000
ORLANDO, FL 32801

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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)

04/18/08-60053-009 138.75

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

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	RAMA, H P
STREET ADDRESS	60 POINTE CIR
CITY-ST-ZIP	GREENVILLE, SC 29615
TITLE	MGRM
NAME	RAMA, J P
STREET ADDRESS	60 POINTE CIR
CITY-ST-ZIP	GREENVILLE, SC 29615
TITLE	MGRM
NAME	RAMA, M P
STREET ADDRESS	60 POINTE CIR
CITY-ST-ZIP	GREENVILLE, SC 29615
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 _____ 4/1/08   232-4944
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #