

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

0070418

DOCUMENT # M97000000768



1. Entity Name
AURO SAND LAKE HOTEL, LLC

FILED

03 MAR 25 PH 12: 32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CHECK HERE IF MAKING CHANGES

Principal Place of Business
**880 S. PLEASANTBURG DRIVE
SUITE 3G
GREENVILLE SC 29607**

Mailing Address
**P.O. BOX 8375
GREENVILLE SC 29604**

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip

4. FEI Number **58-2355642**
Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**CUROTTO, DONALD
105 E. ROBINSON STREET, SUITE 201
ORLANDO FL 32801**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** 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. 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)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	RAMA, H P	
STREET ADDRESS	880 S. PLEASANTBURG DRIVE	
CITY-ST-ZIP	GREENVILLE SC 29607	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	RAMA, J P	
STREET ADDRESS	880 S. PLEASANTBURG DRIVE	
CITY-ST-ZIP	GREENVILLE SC 29607	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	RAMA, M P	
STREET ADDRESS	880 S. PLEASANTBURG DRIVE	
CITY-ST-ZIP	GREENVILLE SC 29607	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	100014551031	
CITY-ST-ZIP	03/24/03--01049--010 **576.25	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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.

SIGNATURE: *[Signature]* DATE: *[Date]* DAYTIME PHONE #: *[864 232944]*

CR2E083 (10/02)