

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

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

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **58-2355642**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CUROTTO, DONALD
105 E. ROBINSON STREET, SUITE 201
ORLANDO FL 32801**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

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		

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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date: *[Signature]* 864
Daytime Phone #: *232944*

CR2E083 (10/02)