2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

Apr 24, 2006 8:00 am Secretary of State DOCUMENT # M97000000810 04-24-2006 90057 022 ****50.00 1. Entity Name AURO REPUBLIC HOTEL, LLC Principal Place of Business Mailing Address 880 SOUTH PLEASANTBURG DRIVE P.O. BOX 8375 GREENVILLE, SC 29804 SUITE 3G GREENVILLE, SC 29607 3. Mailing Address Suite, Apt. #, etc. 04182006 Chq-LLC CR2E083 (11/05) 4. FEI Number Applied For 58-2375151 Not Applicable Country \$5.00 Additional 5. Certificate of Status Desired 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 32801 zi3280 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 Due by May 1, 2006 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9. ADDITIONS/CHANGES MGRM TITLE ☐ Delete FITLE Change Ch ☐ Addition RAMA, HP NAME NAME 60 Puinte Circle Greenville SC 29615 STREET ADDRESS 880 SOUTH PLEASANTBURG DRIVE STREET ADDRESS GREENVILLE, SC 29607 CITY-ST-7IP CITY-ST-ZIP MGRM TITLE ☐ Delete TITLE Addition RAMA, JP NAME 60 Pointe Circle STREET ADDRESS 880 SOUTH PLEASANTBURG DRIVE STREET ADDRESS GREENVILLE, SC 29607 Greenville SC 29615 CITY-ST-ZIP CITY-ST-ZIP MGRM TITLE ☐ Delete TITLE Change ☐ Addition RAMA, MP NAME NAME 60 Pointe Circle 880 SOUTH PLEASANTBURG DRIVE STREET ADDRESS STREET ADDRESS GREENVILLE, SC 29607 CITY-ST-7IP CITY-ST-70P Greenville SC TITLE ☐ Delete ☐ Change TITLE ■ 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 TITLE ☐ Delete ☐ Change TITLE 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. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same algal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or frustee empowered to execute this effort at equired by Chapter 608, Florida Statutes.

SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

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