2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # M9700000811

1. Entity Name
AURO AUSTRIAN HOTEL, LLC



FILED
Mar 02, 2005 08:00 AM
Secretary of State

Principal Place of Business

880 SOUTH PLEASANTBURG DRIVE

SUITE G

GREENVILLE, SC 29607

Mailing Address
P.O. BOX 8375

GREENVILLE, SC 29604

01072005 No Chg-LLC

CR2E083 (10/03)

FEI Number
 58-2375150

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

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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 Sta	ate 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

Filing Fee is \$50.00 Due by May 1, 2005

9,	MÁNAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	RAMA, HP
STREET ADDRESS	880 SOUTH PLEASANTBURG DRIVE
CITY-ST-2IP	GREENVILLE, SC 29607
TITLE	MGRM
NAME	RAMA, J P
STREET ADDRESS	880 SOUTH PLEASANTBURG DRIVE
CITY-ST-ZIP	GREENVILLE, SC 29607
TITLE	MGRM
NAME	RAMA, M P
STREET ADDRESS	880 SOUTH PLEASANTBURG DRIVE
CITY-ST-ZIP	GREENVILLE, SC 29607
TIFLE	
NAME .	
STREET ADDRESS	
CITY-S1-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 exemption stated in Section 119.07(3)(f). 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:

ED ON PRINTED HOME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

115/04

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Daytime Phone #