

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 07, 2008 08:00 AM
Secretary of State

DOCUMENT # M97000000811

1. Entity Name
AURO AUSTRIAN HOTEL, LLC



Principal Place of Business
60 POINTE CIRCLE
GREENVILLE, SC 29615

Mailing Address
60 POINTE CIRCLE
GREENVILLE, SC 29615



03262008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 58-2375150	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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 \$138.75
After May 1, 2008 Fee will be \$538.75

U000000885904
04/18/08-80033-010 138.75

9. MANAGING MEMBERS/MANAGERS

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

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

TITLE	MGRM
NAME	RAMA, M P
STREET ADDRESS	60 POINTE CIRCLE
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: _____

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

Date

Daytime Phone #

4/11/08 864
232 29744