



File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	FILED APR 26 PM 5:00 FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS
FILING FEE \$ 188.75		Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE	
1. Name and Mailing Address of Limited Liability Company DOCUMENT # L97000000473 KSK HOTEL, L.C. 100 N. BISCAYNE BLVD. 21ST FLOOR, NEW WORLD TOWER MIAMI FL 33132		1a. Principal Place of Business Address 100 N. BISCAYNE BLVD. 21ST FLOOR, NEW WORLD TOWER MIAMI FL 33132	
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country	
3. Date Organized or Qualified 05/02/1997		3a. State of Formation FL	
4. FEI Number 65-0842268 XXXXXXXXXX		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Date of Last Report 05/01/1998		6. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent MILLER, REBECCA M 100 N. BISCAYNE BLVD. 21ST FLOOR, NEW WORLD TOWER MIAMI FL 33132		8. Name and Address of New Registered Agent/Office Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ Suite, Apt. #, etc _____ City _____ Zip Code _____ <div style="text-align: right;">FL</div>	
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.			
SIGNATURE _____		DATE _____	
<small>(Registered Agent Accepting Appointment) (Both Registered Agent and Agent for Service)</small>			
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MEM	KRAUSE, KATJA JANZON, KATJA	100 N. BISCAYNE BLVD., 21st Floor	MIAMI FL 33132
MEM	KRAUSE, HANS-JOACHIM	100 N. BISCAYNE BLVD., 21st Floor	MIAMI FL 33132
			900002883749--5 -05/05/99--01068--016 ****188.75 ****188.75 
11. I do 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 annual 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, and that my name appears in Block 10, or on an attachment with an address.			
SIGNATURE: _____		(954) 385-9030	
<small>SIGNATURE AND TITLE OF REGISTERED AGENT OR SIGNING MANAGING MEMBER OR MANAGER</small> Katja Janzon, Managing Member			