2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 07, 2005 08:00 AM
Secretary of State

DOCUMENT # L97000000473

1. Entity Name
KSK HOTEL, L.C.

Principal Place of Business	Mailing Address
1677 COLLINS AVENUE MIAMI, FL 33139	% MILLER & WEBNER, P.A. PO BOX 266947 WESTON, FL 33326-6947

02152005No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0842268
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MILLER, REBECCA M
% MILLER & WEBNER, P.A.
2442 POINCIANA COURT
WESTON, FL 33327

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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 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

Filing Fee is $50.00
Due by May 1, 2005

U00000292584
04/07/05-80078-004 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	JANZON, KATJA
STREET ADDRESS	1677 COLLINS AVE.
CITY-ST-ZIP	MIAMI BEACH, FL 33139
TITLE	MGR
NAME	KRAUSE, HANS-JOACHIM
STREET ADDRESS	1677 COLLINS AVE.
CITY-ST-ZIP	MIAMI BEACH, FL 33139
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-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)(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: _____ 3/25/2005 (954)385-9030
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #