
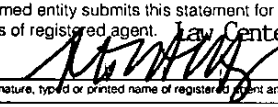
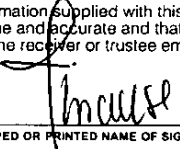


# 2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED  
08 SEP 16 PM 1:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L97000000473			
1. Entity Name KSK HOTEL, L.C.			
Principal Place of Business 3025 COLLINS AVENUE MIAMI, FL 33139		Mailing Address % MILLER & WEBNER, P.A. PO BOX 266947 WESTON, FL 33326-6947	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 701 Brickell Avenue	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite 1400	
City & State		City & State Miami, Florida	
Zip	Country	Zip	Country
		33131	
09102008		Chg-LLC CR2E083 (12/06)	
4. FEI Number 65-0842268		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MILLER, REBECCA M % MILLER & WEBNER, P.A. 2442 POINCIANA COURT WESTON, FL 33327		Name Law Center of the Americas, LLC Street Address (P.O. Box Number is Not Acceptable) 701 Brickell Avenue Suite 1400 City Miami FL Zip Code 33131	
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. Law Center of the Americas, LLC			
SIGNATURE 		Steven H. Hagen, Vice President	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
Amended AR is \$50.00		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JANZON, KATJA 3025 COLLINS AVE MIAMI BEACH, FL 33140 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KRAUSE, HANS-JOACHIM 3025 COLLINS AVE MIAMI BEACH, FL 33140 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		Sept 10, 2008	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	





CORPORATION SERVICE COMPANY

L97000000473

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ACCOUNT NO. : 072100000032

REFERENCE : 722894

FILED  
TALLAHASSEE, FLORIDA  
7359092

AUTHORIZATION :

*[Handwritten signature]*

COST LIMIT : \$50.00

ORDER DATE : September 15, 2008

ORDER TIME : 5:19 PM

ORDER NO. : 722894-005

CUSTOMER NO: 7359092

ANNUAL REPORT FILING

NAME: KSK HOTEL, L.C.

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08 SEP 16 PM 1:45  
TALLAHASSEE, FLORIDA

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Troy Todd-EXT#2940

EXAMINER'S INITIALS:

*BK*