


FILE NOW: Fee after May 1, will be \$588.75

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
FILING FEE \$ 203.75		Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE	
1. Name and Mailing Address of Limited Liability Company DOCUMENT # L95000000984 NK HOTEL, L.C. NEW WORLD TOWER 21ST FLOOR 100 N BISCAYNE BLVD MIAMI FL 33132-2306		FILED 97 MAR 28 AM 10:37 SECRETARY OF STATE TALLAHASSEE, FLORIDA 1a. Principal Place of Business Address FLORIDA NEW WORLD TOWER 21ST FLOOR 100 N BISCAYNE BLVD MIAMI FL 33132 mwb	
If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.			
2. Principal Place of Business same		2a. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
3. Date Organized or Qualified 2/20/1995		3a. State of Formation FL	
4. FEI Number 65-0643032		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Date of Last Report 06/10/1996		6. Certificate of Status Desired <input type="checkbox"/> Additional Fee Required	
7. Name and Address of Current Registered Agent MILLER, REBECCA M NEW WORLD TOWER 21ST FLOOR 100 N BISCAYNE BLVD MIAMI FL 33132		8. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City Zip Code FL	
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 _____ <small>(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)</small>		DATE _____	
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	KRAUSE, NICOLA	100 N BISCAYNE BLVD 21ST F	MIAMI FL
MGR	KRAUSE, HANS-JOACHIM	100 N BISCAYNE BLVD 21ST F	MIAMI FL
			7000002127897--6 -03/28/97--01144--010 ***203.75 ***203.75
11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <u>Nicola Krause</u>		Date: <u>3/20/97</u>	Daytime Phone #: <u>(305) 377-3561</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER		Date	Daytime Phone #