



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 <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	FILED APR 26 1999 SECRETARY OF STATE
<b>FILING FEE \$ 188.75</b>		<b>Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee</b> <b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>	
1. Name and Mailing Address of Limited Liability Company <b>DOCUMENT # L95000000984</b>  NK HOTEL, L.C. NEW WORLD TOWER 21ST FLOOR 100 N BISCAYNE BLVD MIAMI FL 33132-2306		1a. Principal Place of Business Address  NEW WORLD TOWER 21ST FLOOR 100 N BISCAYNE BLVD 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 12/20/1995	3a. State of Formation FL
		4. FEI Number 65-0741062	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
		5. Date of Last Report 04/27/1998	6. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/>
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/Office  Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City                      Zip Code <div style="text-align: right;"><b>FL</b></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 _____	
(Registered Agent Accepting Appointment) (NOTE: If joint appointment, provide names of all agents)			
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	KRAUSE, NICOLA	100 N BISCAYNE BLVD 21ST FLOOR 21st Floor	MIAMI FL _____ 33132
MGR	KRAUSE, HANS-JOACHIM	100 N BISCAYNE BLVD 21ST FLOOR 21st Floor	MIAMI FL _____ 33132
			100002864401--01 -05/06/99--01003--006 ****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: <u>Nicola Krause</u>		4/14/99 (954) 385-9030	
SIGNATURE AND TITLE OF PERSON IN CARE OF PUBLIC ADMINISTRATION MEMBER FORM 119.07			
INHS10 R (12-98)		Nicola Krause, Managing Member	