

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 17, 2002 8:00 am**  
**Secretary of State**

04-17-2002 90034 023 \*\*\*\*50.00

**DOCUMENT # L95000000984**

1. Entity Name  
**NK HOTEL, L.C.**

Principal Place of Business

~~C/O MILLER & WEBNER, PA~~  
~~2442 POINCIANA COURT~~  
~~WESTON FL 33327~~

Mailing Address

C/O MILLER & WEBNER, PA  
~~2442 POINCIANA COURT~~  
~~WESTON FL 33327~~

2. Principal Place of Business

**1677 Collins Avenue**

3. Mailing Address

**%Miller & Webner, P.A.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**P.O. Box 266947**

City & State  
**Miami Beach, Florida**

City & State  
**Weston, Florida**

4. FEI Number **65-0741062**

Applied For  
 Not Applicable

Zip  
**33139**

Country  
**U.S.A.**

Zip  
**33326-6947**

Country  
**U.S.A.**

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

6. Name and Address of Current Registered Agent

**MILLER, REBECCA M**  
**C/O MILLER & WEBNER, PA**  
**2442 POINCIANA COURT**  
**WESTON FL 33327**

7. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	NAME	TITLE	NAME
	<b>MGR MEYER, NICOLA</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>1677 COLLINS AVENUE</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI BEACH FL 33139</b>	CITY-ST-ZIP	
	<b>MGR KRAUSE, HANS-JOACHIM</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>1677 COLLINS AVENUE</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI BEACH FL 33139</b>	CITY-ST-ZIP	
		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: Nicola Meyer **Nicola Meyer**

2/11/02 (954) 385-9030

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)