

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

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

**DOCUMENT # L95000000984**

1. Entity Name  
NK HOTEL, L.C.



Principal Place of Business

1677 COLLINS AVENUE  
MIAMI, FL 33139

Mailing Address

%MILLER&WEBNER,PA  
PO BOX 266947  
WESTON, FL 33326



02152005No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

65-0741062

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

**DO NOT WRITE  
IN THIS SPACE**

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**

U00000292582  
04/07/05-80078-003 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	MEYER, NICOLA
STREET ADDRESS	1677 COLLINS AVENUE
CITY-ST-ZIP	MIAMI BEACH, FL 33139
TITLE	MGR
NAME	KRAUSE, HANS-JOACHIM
STREET ADDRESS	1677 COLLINS AVENUE
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	

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IN THIS SPACE**

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:**

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

3/25/2005

(954) 385-9030

Date

Daytime Phone #