

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Apr 24, 2007 8:00 am**  
**Secretary of State**

04-24-2007 90109 043 \*\*\*\*50.00

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

2. Principal Place of Business - No P.O. Box #

3025 Collins Avenue

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami Beach, FL

City & State

Zip

33140

Country

Zip

Country

4. FEI Number

65-0741062

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

1st MOORE

CR2E083 (10/06)



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. 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

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete  
NAME MEYER, NICOLA  
STREET ADDRESS 1677 COLLINS AVENUE  
CITY-ST-ZIP MIAMI BEACH FL 33139

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE MGRM ☒ Change ☐ Addition  
NAME Nicola Meyer  
STREET ADDRESS 3025 Collins Avenue  
CITY-ST-ZIP Miami Beach, FL 33140

TITLE MGRM ☒ Change ☐ Addition  
NAME Hans-Joachim Krause  
STREET ADDRESS 3025 Collins Avenue  
CITY-ST-ZIP Miami Beach, FL 33140

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

Hans-Joachim Krause

(954)385-9030

SIGNATURE:

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

Date

Daytime Phone #