


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.	
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Principal Place of Business 1677 COLLINS AVENUE MIAMI FL 33139	Mailing Address %MILLER&WEBNER,PA PO BOX 266947 WESTON FL 33326
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2. Principal Place of Business - No P.O. Box # 3025 Collins Avenue	3. Mailing Address Suite, Apt. #, etc.
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1st MOORE CR2E083 (10/06)

City & State Miami Beach, FL	City & State	4. FEI Number 65-0741062	Applied For <input type="checkbox"/> Not Applicable
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Zip 33140	Country	Zip	Country
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5. Certificate of Status Desired <input type="checkbox"/> \$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
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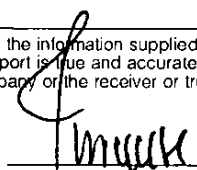
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (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			10. ADDITIONS/CHANGES		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE	MGRM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEYER, NICOLA		NAME	Nicola Meyer	
STREET ADDRESS	1677 COLLINS AVENUE		STREET ADDRESS	3025 Collins Avenue	
CITY - ST - ZIP	MIAMI BEACH FL 33139		CITY - ST - ZIP	Miami Beach, FL 33140	
TITLE	MGR	<input type="checkbox"/> Delete	TITLE	MGRM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRAUSE, HANS-JOACHIM		NAME	Hans-Joachim Krause	
STREET ADDRESS	1677 COLLINS AVENUE		STREET ADDRESS	3025 Collins Avenue	
CITY - ST - ZIP	MIAMI BEACH FL 33139		CITY - ST - ZIP	Miami Beach, FL 33140	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
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 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.

SIGNATURE:  **Hans-Joachim Krause** (954) 385-9030

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #