
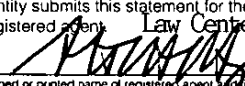

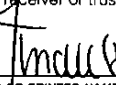


2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT # L95000000984 1. Entity Name NK HOTEL, L.C.						FILED 08 SEP 16 PM 1:45 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 3025 COLLINS AVENUE MIAMI BEACH, FL 33140		Mailing Address %MILLER&WEBNER,PA PO BOX 266947 WESTON, FL 33326					
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 701 Brickell Avenue					
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite 1400					
City & State		City & State Miami, Florida		09102008 Chg-LLC CR2E083 (12/06)			
Zip Country		Zip Country 33131		4. FEI Number 65-0741062			
5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable					
\$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 Law Center of the Americas, LLC		Street Address (P.O. Box Number is Not Acceptable) 701 Brickell Avenue					
Suite 1400		City FL Zip Code Miami 33131					
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. <u>Law Center of the Americas, LLC</u>							
SIGNATURE: 		Steven H. Hagen, Vice President		Sept 10, 2008			
Amended AR is \$50.00				Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MEYER, NICOLA 3025 COLLINS AVENUE MIAMI BEACH, FL 33140	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KRAUSE, HANS-JOACHIM 3025 COLLINS AVENUE MIAMI BEACH, FL 33140	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: 		Sept 10, 2008		Daytime Phone #			



CORPORATION SERVICE COMPANY

L 9500000984

RECEIVED
08 SEP 16 10:49
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA
7359092

ACCOUNT NO. : 072100000032
REFERENCE : 722894
AUTHORIZATION : *[Signature]*
COST LIMIT : \$ 50.00

ORDER DATE : September 15, 2008
ORDER TIME : 5:20 PM
ORDER NO. : 722894-010
CUSTOMER NO: 7359092

ANNUAL REPORT FILING

NAME: NK HOTEL, L.C.

FILED
08 SEP 16 PM 1:45
TALLAHASSEE, FLORIDA

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Troy Todd-EXT#2940

EXAMINER'S INITIALS:

[Signature]