

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L97000000473**

1. Entity Name
KSK HOTEL, L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAR 16 PM 3:06

Principal Place of Business 100 N. DISCAYNE BLVD. 21ST FLOOR NEW WORLD TOWER MIAMI FL 33132	Mailing Address 100 N. DISCAYNE BLVD. 21ST FLOOR NEW WORLD TOWER MIAMI FL 33132-2304
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business c/o Miller & Webner, PA Suite, Apt. #, etc. 2442 Poinciana Court	3. Mailing Address c/o Miller & Webner, PA Suite, Apt. #, etc. P.O. Box 266947
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City & State Weston, FL	City & State Weston, FL
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4. FEI Number 65-0842268	Applied For <input type="checkbox"/> Not Applicable
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Zip 33327	Country USA	Zip 33326-6947	Country USA
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent

MILLER, REBECCA M
~~100 N. DISCAYNE BLVD.~~
~~21ST FLOOR, NEW WORLD TOWER~~
~~MIAMI FL 33132~~

7. Name and Address of New Registered Agent

Name
Rebecca M. Miller

Street Address (P.O. Box Number is Not Acceptable)
c/o Miller & Webner, P.A.

2442 Poinciana Court

City
Weston **FL** Zip Code
33327

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 *Rebecca M. Miller* 3/3/00
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

BLT

9. MANAGING MEMBERS / MEMBERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MEM MGRM JANZON, KATJA 100 N. DISCAYNE BLVD., 21ST FLOOR MIAMI FL 33132	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MEM KRAUSE, HANS-JOACHIM 100 N. DISCAYNE BLVD., 21ST FLOOR MIAMI FL 33132-2306	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1677 Collins Avenue Miami Beach, FL 33139	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1677 Collins Avenue Miami Beach, FL 33139	
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"/> Change <input type="checkbox"/> Addition
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 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: *Katja Janzon* **REQUIRED** 3/4/00 (954) 385-9030
Signature AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #
Katja Janzon, Manager

11-00001

CR2E083 (9/99)