

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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2. Principal Place of Business c/o Miller & Webner, PA Suite, Apt. #, etc. 2442 Poinciana Court City & State Weston, FL Zip 33327 Country USA	3. Mailing Address c/o Miller & Webner, PA Suite, Apt. #, etc. P.O. Box 266947 City & State Weston, FL Zip 33326-6947 Country USA
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DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0842268	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

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
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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.

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		10. ADDITIONS / CHANGES	
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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1677 Collins Avenue Miami Beach, FL 33139
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 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"/> 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	800003184302 <input type="checkbox"/> Change <input type="checkbox"/> Addition -03/27/00--01011--019 *****50.00 *****50.00
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 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 3/4/00 (954) 385-9030
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

Katja Janzon, Manager

CR2E083 (9/99)