


2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
08 SEP 16 PM 1:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L97000000473					
1. Entity Name KSK HOTEL, L.C.					
Principal Place of Business 3025 COLLINS AVENUE MIAMI, FL 33139			Mailing Address % MILLER & WEBNER, P.A. PO BOX 266947 WESTON, FL 33326-6947		
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			
Zip	Country	Zip	Country	09102008 Chg-LLC CR2E083 (12/06)	
33131		33131		4. FEI Number 65-0842268	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent MILLER, REBECCA M % MILLER & WEBNER, P.A. 2442 POINCIANA COURT WESTON, FL 33327 <i>BK</i>			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 Miami FL Zip Code 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 <u><i>Steven H. Hagen</i></u> Steven H. Hagen, Vice President <u>Sept 10, 2008</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE					
Amended AR is \$50.00		<i>BK</i>		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JANZON, KATJA 3025 COLLINS AVE 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	MGR KRAUSE, HANS-JOACHIM 3025 COLLINS AVE 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
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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: <u><i>Imcuse</i></u>			<u>Sept 10, 2008</u> <small>Date Daytime Phone #</small>		



CORPORATION SERVICE COMPANY

L97000000473

ACCOUNT NO. : 072100000032

REFERENCE : 722894

AUTHORIZATION :

COST LIMIT : \$50.00

RECEIVED
08 SEP 15 10:48
TALLAHASSEE, FLORIDA
7359092

ORDER DATE : September 15, 2008

ORDER TIME : 5:19 PM

ORDER NO. : 722894-005

CUSTOMER NO: 7359092

ANNUAL REPORT FILING

NAME: KSK HOTEL, L.C.

FILED
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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:

BK