



Rx Date/Time JUN-21-2007(THU) 12:13
JUN 21 2007 3:12PM Essex Hotel

78627

FILED
Jul 27, 2007 8:00 am
Secretary of State

05-18-2007 90220 033 ****50.00

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

| | | | |
|---|---|--|---|
| DOCUMENT #M06000002410 | |  | |
| 1. Entity Name 2K ESSEX, LLC | | | |
| Principal Place of Business 1001 COLLINS AVE. MIAMI BEACH, FL 33139 | | Mailing Address 1001 COLLINS AVE. MIAMI BEACH, FL 33139 | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |
| | | 04242007 Chg-LLC CR2E083 (12/06) | |
| 4. FEI Number 20-4723880 | | Applied For Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$5.00 Additional Fee Required - | |
| 6. Name and Address of Current Registered Agent PARACORP INCORPORATED 238 EAST 6TH AVENUE TALLAHASSEE, FL 32303 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
| 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 _____ <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reappointing)</small> DATE _____ | | | |
| Filing Fee is \$55.00 Due by May 1, 2007 | | Make check payable to Florida Department of State | |
| 8. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | MGR PALMA, MICHAEL 1001 COLLINS AVE. MIAMI BEACH, FL 33139 <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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| 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 the report as required by Chapter 108, Florida Statutes. | | | |
| SIGNATURE:  | | 5/1/07 (786) 276-5300 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | | DATE DAYTIME PHONE # | |

ATTACHMENT

X



DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE
CINCINNATI OH 45999-0023

MAY 03 2006

30012042

M06000002410

005041.284846.0018.001 2 MB 0.563 1010

|||||

Date of this notice: 05-03-2006

Employer Identification Number:
20-4723880

Form: SS-4

Number of this notice: CP 575 A

For assistance you may call us at:
1-800-829-4933

2K ESSEX LLC
% RNLN REAL ESTATE ADVISORS LP MBR
750 B ST STE 1930
SAN DIEGO CA 92101

IF YOU WRITE, ATTACH THE
STUB OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 20-4723880. This EIN will identify your business account, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, please use the label we provided. If this isn't possible, it is very important that you use your EIN and complete name and address exactly as shown above on all federal tax forms, payments and related correspondence. Any variation may cause a delay in processing, result in incorrect information in your account or even cause you to be assigned more than one EIN. If the information isn't correct as shown above, please correct it using tear off stub from this notice and return it to us so we can correct your account.

Based on the information from you or your representative, you must file the following form(s) by the date(s) shown.

Form 941
Form 940

07/31/2006
01/31/2007

If you have questions about the form(s) or the due dates(s) shown, you can call or write to us at the phone number or address at the top of the first page of this letter. If you need help in determining what your tax year is, see Publication 536, Accounting Periods and Methods, available at your local IRS office or you can download this Publication from our Web site at www.irs.gov.

If you believe your yearly employment taxes will be \$1,000 or less for the tax year (average annual wages of \$4,000 or less), please contact us on 1-800-829-0115. You will be required to file Form 944, Employer's Annual Federal Tax Return, rather than Form 941, Employer's Quarterly Federal Tax Return. This return will be due annually, on January 31, following the end of the tax year. You can pay your tax liability annually when you file your return, or you may choose to make more frequent deposits to reduce the balance due with your annual return. If you use a Reporting Agent or Tax Practitioner, inform him or her of your Form 944 filing requirement. If your annual liability rises to \$2,500 or more, you will be required to make deposits. If you do not make the required deposits, you may be subject to penalties and/or interest. Please refer to Publication 15 (Circular E), Employer's Tax Guide, for deposit requirements and for more details on the Form 944 annual filing program.

05041

ATTACHMENT

30012042



VIA US Mail

July 23, 2007

Florida Department of State
Division of Corporations
P.O. Box 6478
Tallahassee, FL 32314

In the Matter of: 2K Essex, LLC
M06000002410

To Whom It May Concern:

This letter is in response to correspondence received from your office dated May 30th, 2007 regarding an incorrect Federal Employer Identification Number ("FEIN") for the above referenced entity. We have reviewed our records and believe the FEIN provided is correct.

A copy of the IRS notice CP 575 A, Assignment of Employer Identification Number, is enclosed for verification purposes.

If there are comments regarding this matter please call (619) 542-6103.

Best regards,

A handwritten signature in black ink, appearing to read "Luis E. Corona".

Luis E. Corona, EA
Tax Manager