2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Feb 04, 2004 08:00 AM
Secretary of State

DOCUMENT # A27599

1. Entity Name
VIK LIMITED

Principal Place of Business	Mailing Address
P.O. BOX 640 PANAMA CITY, FL 32402	P.O. BOX 640 PANAMA CITY, FL 32402

01062004 Chg-LP CR2E003 (10/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-1943396 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ISLER, CHARLES S., III 434 MAGNOLIA AVENUE P.O. DRAWER 430 PANAMA CITY, FL 32402	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 ______________________________
Signature, typed or printed name of registered agent and title if applicable. DATE

9. Capital Contributions as Shown on record. $1,416,258.75

10. Amount of Capital Contributions in FLORIDA to date

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #		STREET ADDRESS	
NAME	VICKERY, JAY M		
STREET ADDRESS	P.O. BOX 640	CITY-ST-ZIP	
CITY-ST-ZIP	PANAMA CITY, FL 32402		
DOCUMENT #		STREET ADDRESS	
NAME	VICKERY, ROBERT L		
STREET ADDRESS	P.O. BOX 640	CITY-ST-ZIP	
CITY-ST-ZIP	PANAMA CITY, FL 32402		
DOCUMENT # / NAME / STREET ADDRESS / CITY-ST-ZIP		STREET ADDRESS / CITY-ST-ZIP	
DOCUMENT # / NAME / STREET ADDRESS / CITY-ST-ZIP	2-3-04	STREET ADDRESS / CITY-ST-ZIP	
DOCUMENT # / NAME / STREET ADDRESS / CITY-ST-ZIP	2756	STREET ADDRESS / CITY-ST-ZIP	
DOCUMENT # / NAME / STREET ADDRESS / CITY-ST-ZIP	526.25	STREET ADDRESS / CITY-ST-ZIP	

100000070569
02/28/04-80027-015 526.25

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14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: Robert L. Vickery Jay Vickery 2/3/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #