2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A27599

1. Entity Name
VIK LIMITED

FILED
03 MAR 14 AM 8:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

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

DUE BY MAY 1, 2003

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record.	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
$1,416,258.75		

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	600013685586
NAME	~~VICKERY, HENRY T.~~	CITY-ST-ZIP	03/14/03--01078--004 **12.00
STREET ADDRESS	~~100 GREENWOOD DRIVE~~		
CITY-ST-ZIP	~~PANAMA CITY BCH FL~~		
DOCUMENT #		STREET ADDRESS	
NAME	JAY M. VICKERY	CITY-ST-ZIP	
STREET ADDRESS	109 GREENWOOD DRIVE		
CITY-ST-ZIP	PANAMA CITY BEACH, FL 32407		
DOCUMENT #		STREET ADDRESS	600013685586
NAME	ROBERT L. VICKERY	CITY-ST-ZIP	03/07/03--01005--022 **566.75
STREET ADDRESS	2012 COUNTRY CLUB DRIVE		
CITY-ST-ZIP	LYNN HAVEN, FL 32444		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP	EF $526.25		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	M THOMAS
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

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: ✓ Jay M. Vickery ✓ Robert L. Vickery 3/5/03 850-785-4122
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #

CR2E003 (10/02)