2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2004

DOCUMENT, # A0000000256 1. Entity Name BUD VIKING LIMITED					Mar 04, 2004 08:00 AM Secretary of State
Principal Place of Business Mailing Address 23 BAYSHORE DRIVE 23 BAYSHORE DR C/O GEORGE E. DAY SR. C/O GEORGE E. I SHALIMAR FL 32579-2116 SHALIMAR FL 325			SR.		
Principal Place of Business 3. Mailing Address			2110	,	
Suite, Apt	#, etc.	Suite, Apt #, etc.		····	MOORE CR2E003 (11/03)
City & Stat	e	City & State	City & State		4. FEI Number 47-8209773 Applied For Not Applicable
Zip Country		Zip			5. Certificate of Status Desired S8.75 Additional Fee Required
Name and Address of Current Registered Agent				Name	7. Name and Address of New Registered Agent
DAY, GEORGE E SR. 23 BAYSHORE DRIVE SHALIMAR FL 32579-2116				Street Address (P.O. Box Number is Not Acceptable)
					2
				City	FL Zip Code
the obligat	tions of registered agent.		s register	red office or register	red agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE Signature, typed or printed name of registered agent and tife if appreciable 9. Capital Contributions 10. Amount of Capital Contributions				hutions	DATE 11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE
as Shown on record. \$760,000.00 in FLORIDA to date.					SEE REVERSE SIDE FOR FEE INFORMATION
	A GENERAL PARTNER NOTE: General Partners M	THAT IS A BUSINESS EN AY NOT be changed on t	NTITY Nihe forn	MUST BE REGIS' n; an amendmer	TERED AND ACTIVE WITH THIS OFFICE. nt must be filed to change a general partner.
12.					ADDRESS CHANGES ONLY
DOCUMENT # NAME			STR	ELT ADDRESS	
STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS 23 BAYSHORE DRIVE		CET	Y-ST-28P	U00000087310
DOCUMENT # NAME	ME DAY, DORIS M REET ADDRESS 23 BAYSHORE DRIVE		STR	EET ADDRESS	03/15/04-80006-006-526.25
STREET ADDRESS CITY-ST-ZIP			CST	Y-ST-ZIP	
DOCUMENT # NAME			STR	EET ADDRESS	
STREET ADDRESS CITY ST-ZIP			Ctt	Y-ST-ZIP	
DOCUMENT # NAME			STE	EET AODRESS	
STREET ADDRESS CITY-ST-ZIP			CIT	Y-ST-ZIP	
DOCUMENT # NAME			STP	REET ADORESS	
STREET ADDRESS CRTY-ST-ZIP			CIT	Y-87-ZIP	
DOCUMENT # NAME CINCEL ADDRESS		STF	REET ADDRESS		
STREET ADDRESS CITY CF-ZIP	\$ ***		CET	Y-ST-ZIP	
14. Thereby 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:

George Sun Control of George

2/5/104

850-243-1234

FILED