2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2005

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	DOCU_1Entity Nam	JMENT-#-A0000000256				SECRETARY OF STATE DIVISION OF CORPORATIONS 05 MAP 25	
	BUD VIKING LIMITED					05 MAR 25 AM 9: 19	
	Principal Place of Business Mailing Address					AM 9: 19	
	23 BAYSHORE DRIVE 23 BAYSHORE DRIVE				1 /		
			C/O GEORGE E. DAY SHALIMAR FL 32579-2				
	2. Principal Place of Business		3. Mailing Address			\	
	Suite, Apt. #, etc.		Suite, Apt. #, etc.			1ST MOORE CR2E003 (10/04)	
i	City & State		City & State	, , , , , , , , , , , , , , , , , , ,		4. FEI Number 47-8209773 Applied For Not Applicable	
. ·	Zip — Country		Zip	Country		5Certificate of Status Desired \$8.75 Additional Fee Required	
	6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent Name		
. •	DAY, GEORGE E SR. 23 BAYSHORE DRIVE						
					Street Address (I	P.O. Box Number is Not Acceptable)	
	SHALIMAR FL 32579-2116						
			-	City FL Zip Code			
	8. The above named entity submits this statement for the purpose of changing its registered office or in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE				l office or regist	ered agent, or both, 11. FILE NOW!!! Due by May 1, 2005.	
	Signature, typed or printed name of registered agent and little if applicable				DATE See Block 11 instructions for fee info.		
	9. Capital Contributions as Shown on record. \$760,000.00 10. Amount of Capital Contributions in FLORIDA to date.				ons		
	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.			
	DOCUMENT #				DDRESS		
	NAME STREET ADDRESS	DAY, GEORGE E SR. 23 BAYSHORE DRIVE		SMEETA			
	CITY-ST-ZIP	SHALIMAR FL 32579-2116		CITY-ST-	ZIP		
	DOCUMENT #	DAY, DORIS M 23 BAYSHORE DRIVE		STREET A	DORESS	,	
				CITY-ST-	ZıP		
	DOCUMENT #	JMENT # E ET ADDRESS ET ADDRESS		STREET A	DORESS		
	NAME STREET, ADDRESS_				V-ST-ZEF		
CHECK HERE	DOCUMENT #			STREET A			
	NAME STREET ADDRESS			CITY-ST-	ŽIP		
	CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET A	nnacce			
			CITY-SI-				
STAPLE (DOBUMENT #	ument #		STREET AL	DDRESS		
ST/	STREET ADDRESS CITY-ST-ZIP			CITY-ST-	ZIP		
	14. I hereby indicated	certify that the information supplied will on this report is true and accurate an	th this filing does not qualify for id that my signature shall have t	the exempt	ion stated in Segal effect as if m	ction 119.07(3)(i), Florida Statutes. I further certify that the information hade under oath; that I am a General Partner of the limited partnership or	

-George E. Day