


**2006 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2006**

FILED
Feb 20, 2006 08:00 AM
Secretary of State

DOCUMENT # A00000000256 1. Entity Name BUD VIKING LIMITED					
Principal Place of Business 23 BAYSHORE DRIVE C/O GEORGE E. DAY SR. SHALIMAR FL 32579-2116				Mailing Address 23 BAYSHORE DRIVE C/O GEORGE E. DAY SR. SHALIMAR FL 32579-2116	
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		4. FEI Number 47-8209773 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent DAY, GEORGE E SR. 23 BAYSHORE DRIVE SHALIMAR FL 32579-2116	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
FILE NOW!!! Fee is \$500. *** After May 1, 2006, fee will be \$900. *** Make check payable to Florida Department of State.					
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 #	NAME		STREET ADDRESS		
NAME	DAY, GEORGE E SR.		CITY-ST-ZIP	1100001435987	
STREET ADDRESS	23 BAYSHORE DRIVE		CITY-ST-ZIP	03/02/06-80022-013 500.00	
CITY-ST-ZIP	SHALIMAR FL 32579-2116				
DOCUMENT #	NAME		STREET ADDRESS		
NAME	DAY, DORIS M		CITY-ST-ZIP		
STREET ADDRESS	23 BAYSHORE DRIVE				
CITY-ST-ZIP	SHALIMAR FL 32579-2116				
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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 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 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 E. Day George E. Day 2/15/'06 (850) 243-1234

STAPLE CHECK HERE