


FILED
Apr 09, 2008 08:00 A]
Secretary of State

DOCUMENT # A27599						Secretary of State	
1. Entity Name VIK LIMITED							
Principal Place of Business 747 Jenks Suite E PANAMA CITY, FL 32402				Mailing Address P.O. BOX 640 PANAMA CITY, FL 32402			
2. Principal Place of Business - No P.O. Box #				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 <input type="checkbox"/>				\$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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>							
FILE NOW!!! FEE IS \$500.00 After May 1, 2008, Fee will be \$900.00							
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 #	VIK LLC P.O. BOX 640 PANAMA CITY, FL 32402			STREET ADDRESS			
NAME							
STREET ADDRESS							
CITY-ST-ZIP		CITY-ST-ZIP					
DOCUMENT #				STREET ADDRESS	<div style="text-align: right;">UNIQUE IDENTIFICATION 04/22/08-80050-013 500</div>		
NAME							
STREET ADDRESS							
CITY-ST-ZIP		CITY-ST-ZIP					
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NAME							
STREET ADDRESS							
CITY-ST-ZIP		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: VIK LLC JAY VICKERY MANAGER				4-8-08 850-785-4122			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>				<small>Date Daytime Phone #</small>			