## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT # L03000035376

1. Entity Name VIKTORIA, LLC



Principal Place of Business

11400 4TH ST. N.

312

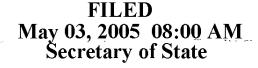
SAINT PETERSBURG, FL 33716

Mailing Address

11400 4TH ST. N.

DO NOT WRITE IN THIS SPACE

SAINT PETERSBURG, FL 33716





04262005No Chg-LLC

CR2E083 (10/03)

4. FEI Number 54-2126552

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SZABO, ZSOLT 11400 4TH ST. N. #612 SAINT PETERSBURG, FL 33716

## DO NOT WRITE IN THIS SPACE

			Salaka makalesa manan	english di didaya kesel	11, 2	
	named entity submits this statement for the purpose of char ions of registered agent	nging its register				
SIGNATURE_		<u></u>	wer_L			<u></u>
	Signature, typed or printed name of registered agent and title if applicable.		(NOTE, Registered Agent signature required when reinstating)		DATE	<u>+ 1</u> 1
	ling Fee is \$50.00 ue by May 1, 2005 MANAGING MEMBERS/MANAGERS	15°:				
THLE NAME STRFET ADDRESS CITY-ST-71P	MGR SZABO, ZSOLT 11400 4TH ST. N. #612 SAINT PETERSBURG, FL 33716			U0:0000 U5/04/U5-4	356714 30123-014	
TITLE NAME				,	,	

## DO NOT WRITE

CITY-ST-71P IN THIS SPACE NAME STREET ADDRESS City-St-Zip TITLE NAME. STREET ADDRESS CITY-ST-ZIP 11713 NAME STAFE" ADDRESS

11. I hereby certify that the information supplied with this filling 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes

CITY-ST-7P

CUY-ST-ZIP TITLE NAME STREET ADDRESS