

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000064543

FILED
Mar 09, 2006
Secretary of State

Entity Name: VIPER CAPITAL MANAGEMENT, LLC

Current Principal Place of Business:

15508 AVOCETVIEW COURT
LITHIA, FL 33547

New Principal Place of Business:

4365 LYNX PAW TRAIL
VALRICO, FL 33594

Current Mailing Address:

15508 AVOCETVIEW COURT
LITHIA, FL 33547

New Mailing Address:

4365 LYNX PAW TRAIL
VALRICO, FL 33594

FEI Number: 20-1613931

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEBSACK, ERIK
4365 LYNX PAW TRAIL
VALRICO, FL 33594 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: LEBSACK, ERIC
Address: 15508 AVOCETVIEW COURT
City-St-Zip: LITHIA, FL 33547

Title: MGR () Delete
Name: MCGUINNESS, KEVIN
Address: 5212 SAND TRAP PLACE
City-St-Zip: VALRICO, FL 33594

Title: MGR () Delete
Name: COATS, JAMES
Address: 5605 79 AVENUE EAST
City-St-Zip: PALMETTO, FL 34221

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: LEBSACK, ERIK
Address: 15508 AVOCETVIEW COURT
City-St-Zip: LITHIA, FL 33547

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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.

SIGNATURE: ERIK LEBSACK

MGR

03/09/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date