


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 22, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L05000014244</b> 1. Entity Name <b>VIKING ACQUISITIONS, LLC</b>	
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Principal Place of Business <b>12121 VIA DEL FONTANA AVE. FORT MYERS, FL 33919 US</b>	Mailing Address <b>12121 VIA DEL FONTANA AVE. FORT MYERS, FL 33919 US</b>
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02122008No Chg-LLC

CR2E083 (12/07)

4. FEI Number <b>01-0831577</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

<b>6. Name and Address of Current Registered Agent</b>  <b>RUNYON, THOMAS G 12121 VIA DEL FONTANA AVE. FORT MYERS, FL 33919</b>
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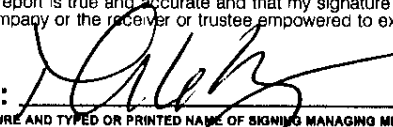
<b>8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.</b>  SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>
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<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>
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<b>9. MANAGING MEMBERS/MANAGERS</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM RUNYON, THOMAS G 12121 VIA DEL FONTANA AVE. FORT MYES, FL 33919</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM NUHKO, GEORGE 66 FANSHAW AVE. YONKERS, NY 10705</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM NUHKO, MICHAEL 66 FANSHAW AVE. YONKERS, NY 10705</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM NUHKO, EDWARD 66 FANSHAW AVE. YONKERS, NY 10705</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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U000000834888  
02/29/08-80012-018 138.75

<b>11. 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 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.</b>  <b>SIGNATURE:</b>  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	<b>2/13/08</b> <small>Date</small>	<b>239-710-4775</b> <small>Daytime Phone #</small>
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