

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000022993

Entity Name: VIKWEE PROPERTIES LLC

FILED
Jan 13, 2006
Secretary of State

Current Principal Place of Business:

10098 LEXINGTON CIRCLE N
BOYNTON BEACH, FL 33436 US

New Principal Place of Business:

Current Mailing Address:

10098 LEXINGTON CIRCLE N
BOYNTON BEACH, FL 33436 US

New Mailing Address:

FEI Number: 20-2572333

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HIRSCH AND COMPANY CPAS INC
175 W CAMINO REAL
BOCA RATON, FL 33432 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: MGRM () Delete
Name: KEELING-WALLACE, VICKIE R
Address: 10098 LEXINGTON CIRCLE N
City-St-Zip: BOYNTON BEACH, FL 33436 US

Title: MGRM () Delete
Name: KEELING, DAVID L
Address: 10098 LEXINGTON CIRCLE N
City-St-Zip: BOYNTON BEACH, FL 33436 US

Title: MGRM () Delete
Name: EGGEMAN, DONALD F
Address: 101 TRACY DRIVE
City-St-Zip: COLUMBIA, MO 65203 US

Title: MGRM () Delete
Name: EGGEMAN, MARY J
Address: 101 TRACY DRIVE
City-St-Zip: COLUMBIA, MO 65203 US

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change () Addition
Name: WALLACE, DAVID L
Address: 10098 LEXINGTON CIRCLE N
City-St-Zip: BOYNTON BEACH, FL 33436 US

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: VICKIE R. KEELING-WALLACE

MGRM

01/13/2006

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