

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 30, 2006 8:00 am
Secretary of State

04-19-2006 90019 048 ****50.00
04-12-2006 90018 050 ****50.00

3000911C



DOCUMENT # L05000039363					
1. Entity Name VIKING STAR PROPERTIES, LLC					
Principal Place of Business 7229 MAIDA LANE SUITE 1B FORT MYERS, FL 33908 US			Mailing Address 7229 MAIDA LANE SUITE 1B FORT MYERS, FL 33908 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 203121921	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent PROPERTY COUNSELORS MANAGEMENT GROUP, LLC 7229 MAIDA LANE SUITE 1B FORT MYERS, FL 33908			7. Name and Address of New Registered Agent		
			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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS					
TITLE	MGRM	☐ Delete			
NAME	NEWQUIST, RONALD E				
STREET ADDRESS	1420 SE 31ST STREET				
CITY - ST - ZIP	CAPE CORAL, FL 33904				
TITLE	MGRM	☐ Delete			
NAME	NEWQUIST, TERI C				
STREET ADDRESS	1420 SE 31ST STREET				
CITY - ST - ZIP	CAPE CORAL, FL 33904				
TITLE		☐ Delete			
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
TITLE		☐ Delete			
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
TITLE		☐ Delete			
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
TITLE		☐ Delete			
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
10. ADDITIONS/CHANGES					
TITLE		☐ Change ☐ Addition			
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
TITLE		☐ Change ☐ Addition			
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
TITLE		☐ Change ☐ Addition			
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
TITLE		☐ Change ☐ Addition			
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
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 its receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE		4-17-06 239-541-2664			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					
Ronald E. Newquist					