2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000039363

Entity Name: VIKING STAR PROPERTIES, LLC

FILED Mar 20, 2009 Secretary of State

Current Principal Place of Busi	ness: New	Principal Place of Bus	siness:
oarrent i interpar i tace of basi	11000.	i illioipai i lace di Da.	JIII ~ JJ.

7229 MAIDA LANE 7300 PENZANCE BLVD.

SUITE 1B #501

FORT MYERS, FL 33908 US FORT MYERS, FL 33966 US

Current Mailing Address: New Mailing Address:

7229 MAIDA LANE C/O PCMG SUITE 1B PO BOX 60195

FORT MYERS, FL 33908 US FORT MYERS, FL 33906 US

FEI Number: 20-3121921 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Ad

Name and Address of New Registered Agent:

() Change () Addition

PROPERTY COUNSELORS MANAGEMENT GROUP, LLC 7680 CAMBRIDGE MANOR PLACE STE 101 FORT MYERS, FL 33907 US

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

ADDITIONS/CHANGES:

MANAGING MEMBERS/MANAGERS:

 Title:
 MGRM () Delete
 Title:

 Name:
 NEWQUIST, RONALD E
 Name:

 Address:
 1420 SE 31ST STREET
 Address:

 City-St-Zip:
 CAPE CORAL, FL 33904 US
 City-St-Zip:

Title: MGRM () Delete Title: () Change () Addition

 Name:
 NEWQUIST, TÉRI C
 Name:

 Address:
 1420 SE 31ST STREET
 Address:

 City-St-Zip:
 CAPE CORAL, FL 33904 US
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: KIMBERLYANN HOLBROOK ASST 03/20/2009