2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 25, 2007 8:00 am Secretary of State

Principal Place of Business Mailing Acidities 1164 G000LETTE ROAD NAPLES, FL 34102	DOCUMENT # L05000052985 1. Entity Name VIKING CENTER, LLC					04-25-2007 90039 031 ****50.00			
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City State North Name and Address of Current Registered Agent Country US	1048 6000LETTE RD.		P.O. POX 10608						
Country U.S. Country U.S. Country U.S. S. Cardificate of Stinus Desired \$5.00 Additional Foo Required Foo Required						-	· · ·	policed For	
S. Name and Address of Current Registered Agent S. Name and Address of New Registered Agent			NHPUES H				No	ot Applicable	
Name Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Bo	21P 341	102 Country US	21p 3410/	Country U.S	5. Certificat	e of Status Desired			
NAPLES, FL 34103 200 TANIAMI TRAIL NORTH, SUITE 200 NAPLES, FL 34103 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 Rorida. I am familiar with, and accept the obligations of registered agent. SIGNATURE City FL Zip Code		6. Name and Address of Current	Registered Agent	Name	7. Name an	d Address of New R	egistered Agent		
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. Jam familiar with, and accept the obligations of registered agent. SIGNATURE Signature Typed or protect name of registered agent and late if applicable. (INOTE Registered Agent signature required when iteratating) DATE	3200 TAMIAMI TRAIL NORTH, SUITE 200								
SIGNATURE Signature Separate Separate				City			FL Zip Code	e	
Filling Foe is \$50.00 Due by May 1, 2007 MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES	8. The above the obligat	named entity submits this statement fo tions of registered agent.	r the purpose of changing its re	egistered office or	registered agent, or be	oth, in the State of Flo	rida. I am familiar with,	and accept	
9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES MGRM	SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: R	Registered Agent signatu	re required when reinstating)		DATE	 [
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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	9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	MANAGING MEMBE MGRM OLSON, CLIFFORD A 1164 GOODLETTE ROAD	☐ Delete ☐ Delete ☐ Delete ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	1048 Baod NAPUES	Florida ADDITIONS/	Department of State CHANGES Change Change Change	Addition Addition	

limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.