



FILED
Apr 17, 2008 08:00 A]
Secretary of State

DOCUMENT # L05000052985 1. Entity Name VIKING CENTER, LLC		
Principal Place of Business 1048 GOODLETTE RD SUITE 201 NAPLES, FL 34102	Mailing Address PO BOX 10608 NAPLES, FL 34101	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent		
WOODWARD, MARK J 3200 TAMiami 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, and the obligations of registered agent.		
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required)</small>		
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM OLSON, CLIFFORD A 1048 GOODLETTE RD SUITE 201 NAPLES, FL 34102	
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained indicated on this report is true and accurate and that my signature shall have the same legal effect as a limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 689, Florida Statutes.		
SIGNATURE:  CLIFFORD A. OLSON <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		