2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 29, 2008
Secretary of State

DOCUMENT# L06000001629

Entity Name: THE VIKING GROUP LLC

Current Principal Place of Business:

16722 NW AGRI PARK RD.
ALTHA, FL 32421 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 81
SENOIA, GA 30276 US

New Mailing Address:

FEI Number: 20-4044891 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

SCHAPER, JOHN A
16722 NW AGRI PARK RD.
ALTHA, FL 32421 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: SCHAPER, JOHN A
Address: 310 BONTURA DRIVE
City-St-Zip: SENOIA, GA 30276 US

Title: MGRM ( ) Delete
Name: SCHAPER, KYMBERLEE P
Address: 310 BONTURA DRIVE
City-St-Zip: SENOIA, GA 30276 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: SCHAPER, JOHN A
Address: 523 LONGWOOD LN
City-St-Zip: PEACHTREE CITY, GA 30269 US

Title: MGRM (X) Change ( ) Addition
Name: SCHAPER, KYMBERLEE P
Address: 523 LONGWOOD LN
City-St-Zip: PEACHTREE CITY, GA 30269 US

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: JOHN SCHAPER MGRM 07/29/2008

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