## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L99000001399

Entity Name: VIKING TECHNOLOGIES, L.C.

FILED Apr 26, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1500 INDEPENDENCE BOULEVARD 1285 TALLEVAST RD SARASOTA, FL 34234 SARASOTA, FL 34243

Current Mailing Address: New Mailing Address:

1500 INDEPENDENCE BOULEVARD 1285 TALLEVAST RD SARASOTA, FL 34234 SARASOTA, FL 34234

FEI Number: 65-0901746 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MOLER, JEFFREY B
1500 INDEPENDENCE BLVD
SARASOTA, FL 34234 US

MOLER, JEFFREY B
1285 TALLEVAST RD
SARASOTA, FL 34234 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: JEFFREY MOLER 04/26/2006

Electronic Signature of Registered Agent Date

## MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGR ( ) Delete Title: MGR (X) Change ( ) Addition

 Name:
 MOLER, JEFFERY B
 Name:
 MOLER, JEFFERY B

 Address:
 1500 INDEPENDENCE BLVD
 Address:
 1285 TALLEVAST RD

 City-St-Zip:
 SARASOTA, FL 34234
 City-St-Zip:
 SARASOTA, FL 34234

Title: MGR ( ) Delete Title: MGR (X) Change ( ) Addition Name: MOLER, CHRISTINE H Name: MOLER, CHRISTINE H

Address: 1500 INDEPENDENCE BLVD Address: 1285 TALLEVAST RD City-St-Zip: SARASOTA, FL 34234 City-St-Zip: SARASOTA, FL 34234

Title: MGR () Delete Title: () Change () Addition

 Name:
 LUBIENSKI, MARK
 Name:

 Address:
 20416 HARPER AVENUE
 Address:

 City-St-Zip:
 HARPER WOODS, MI 48225
 City-St-Zip:

Title: MGR ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 BIBER, MICHAEL J
 Name:

 Address:
 2701 TROY CENTER CT., SUITE 400
 Address:

 City-St-Zip:
 TROY, MI 48084
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: JEFFERY MOLER MGR 04/26/2006