2005 LIMITED LIABILITY COMPANY

DO NOT WRITE IN THIS SPACE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNALD MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

ANNUAL REPORT

DOCUMENT # M01000000681

1. Entity Name VIKING IRA FUND, LLC

Principal Place of Business __

C/O VALHALLA MANAGEMENT, INC.

1618 MAIN ST.

SARASOTA, FL 34226

SIGNATURE:

Mailing Address

C/O VALHALLA MANAGEMENT, INC.

1618 MAIN ST. SARASOTA, FL 34226



02042005 No Chg-LLC

CR2E083 (10/03)

FILED

Feb 07, 2005 08:00 AM Secretary of State

4. FEI Number	 Applied For
65-1110483	Not Applicable
5. Certificate of Status Desired	\$5.00 Additional

5. Name and Address of Current Registered Agent

INTRASTATE REGISTERED AGENT CORPORATION 200 S. ORANGE AVENUE, STE 2600 ORLANDO, FL 32801

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 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. I am familiar with, and accept the obligations of registered agent. 				
SIGNATURE.	Signature, typed or printed name of registered agent and life if applicable	(NOTE, Registered Agent signature required when reinstating)	DATÉ	
Fi D	ling Fee is \$50.00 ue by May 1, 2005			
9.	MANAGING MEMBERS/MANAGERS		Unnarationer	
TITLE NAME STREET ADDRESS CITY - ST- ZIP	MGRM VIKING MANAGEMENT, LLC 1618 MAIN STREET SARASOTA, FL 34236		U00000218865 02/08/05-80004-018 50.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		े १० के स्क्राह्म द्वान्त है.	ed upo per company	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP				
11. I hereby of indicated limited liab	ertify that the information supplied with this filing does not or on this report is true and accurate and that my signature sha pility company or the received of trustee empowered to exec	ualify for the exemption stated in Section 119.07(3)(i all have the same legal effect as if made under cath ute this report as required by Chapter 608, Florida S), Florida Statutes. I further certify that the information that I am a managing member or manager of the statutes	