
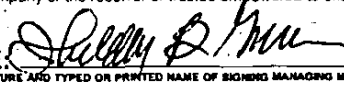


FILED
May 17, 2007 8:00 am
Secretary of State

4/

04-27-2007 90041 013 ****50.00

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

| | | | |
|--|---|---|--|
| DOCUMENT # M06000002031 | |  | |
| 1. Entity Name VIKOR 26, LLC | | | |
| Principal Place of Business 1101 BRICKELL AVENUE, STE. 1005 SOUTH MIAMI, FL 33131 | | Mailing Address 1101 BRICKELL AVENUE, STE. 1005 SOUTH MIAMI, FL 33131 | |
| 2. Principal Place of Business - No P.O. Box # 1691 Michigan Ave | | 3. Mailing Address 1691 Michigan Ave | |
| Suite, Apt. #, etc. 300 | | Suite, Apt. #, etc. 300 | |
| City & State Miami Beach, FL | | City & State Miami Beach, FL | |
| Zip 33139 | Country USA | Zip 33139 | Country USA |
| 6. Name and Address of Current Registered Agent C-T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
| 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. I am familiar with, and accept the obligations of registered agent. | | | |
| SIGNATURE _____ | | DATE _____ | |
| Signature, typed or printed name of registered agent and title if applicable | | (NOTE: Registered Agent signature required when re-registering) | |
| Filing Fee is \$50.00 Due by May 1, 2007 | | Make check payable to Florida Department of State | |
| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM VIKOR 26 OPERATING, LLC 1101 BRICKELL AVENUE, STE. 1005 SOUTH MIAMI, FL 33131 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 1691 Michigan Ave #300 Miami Beach, FL 33139 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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 indicated on this report is true and accurate and that my 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:  | | Date: 4/24/07 Device Phone #: 305-374-4007 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | | Date | |

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04232007 Chg-LLC CR2E083 (12/06)

4. FEI Number
APPLIED FOR 20-4976493 Applied For Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required