

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000002031

Entity Name: VIKOR 26, LLC

FILED  
May 05, 2009  
Secretary of State

**Current Principal Place of Business:**

1691 MICHIGAN AVE  
300  
MIAMI BEACH, FL 33139

**New Principal Place of Business:**

13054 SW 133 COURT  
MIAMI, FL 33186 US

**Current Mailing Address:**

1691 MICHIGAN AVE  
300  
MIAMI BEACH, FL 33139

**New Mailing Address:**

13054 SW 133 COURT  
MIAMI, FL 33186 US

FEI Number: 20-4976493      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:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

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

3DM CONSULTING, LLC  
13054 SW 133 COURT  
MIAMI, FL 33186 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: LETY B. CIRERA

05/05/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: VIKOR 26 OPERATING, LLC  
Address: 1691 MICHIGAN AVE #300  
City-St-Zip: MIAMI BEACH, FL 33139

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: VIKOR 26 OPERATING, LLC  
Address: 13054 SW 133 COURT  
City-St-Zip: MIAMI, FL 33186 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: ISRAEL KOPEL

MGRM

05/05/2009

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