

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000100399

FILED  
Apr 30, 2011  
Secretary of State

Entity Name: VIENNA INVEST LLC

**Current Principal Place of Business:**

1227 DEL PRADO BLVD S, UNIT 202  
CAPE CORAL, FL 33990 US

**New Principal Place of Business:**

**Current Mailing Address:**

1227 DEL PRADO BLVD S, UNIT 202  
CAPE CORAL, FL 33990 US

**New Mailing Address:**

FEI Number:                      FEI Number Applied For ( )                      FEI Number Not Applicable (X)                      Certificate of Status Desired ( )

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

NOWAK, THOMAS  
1227 DEL PRADO BLVD S  
STE 202  
CAPE CORAL, FL 33990 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  
Name: THE RUDOLF NEUBAUER REVOCABLE TRUST  
Address: KUEBECKGASSE 18/20 - A-1030  
City-St-Zip: VIENNA, AUSTIA, XX

Title: MGRM  
Name: THE EVA NEUBAUER-LORENZ REVOCABLE TRUST  
Address: KUEBECKGASSE 18/20 - A-1030  
City-St-Zip: VIENNA, AUSTIA, XX

Title: MGRM  
Name: FOURNIER, KURT  
Address: 11620 BAYSHORE RD  
City-St-Zip: NORTH FORT MYERS, FL 33917 US

Title: MGRM  
Name: DR ALEXANDER SCHOLLER LIVING TRUST  
Address: BIBERSTRASSE 10/4/12 - 1-1010  
City-St-Zip: VIENNA, AUSTRIA, XX

Title: MGR  
Name: NOWAK, THOMAS  
Address: 1227 DEL PRADO BLVD S, STE 202  
City-St-Zip: CAPE CORAL, FL 33990 US

I hereby 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: THOMAS NOWAK

MGR

04/30/2011

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