


FILED
Mar 04, 2005 8:00 am
Secretary of State

[illegible]

DOCUMENT # L01000003273				03-04-2005 90018 008 ****50.00	
1. Entity Name VIENNA PROJECT, LLC					
Principal Place of Business 100 S.E. SECOND STREET 17TH FLOOR, ATTN: FRED K. LICKSTEIN, ESQ. MIAMI, FL 33131			Mailing Address 100 S.E. SECOND STREET 17TH FLOOR, ATTN: FRED K. LICKSTEIN, ESQ. MIAMI, FL 33131		
2. Principal Place of Business 1395 Brickell Avenue			3. Mailing Address 1395 Brickell Avenue		
Suite, Apt. #, etc. 14th Floor - Attn: Barry			Suite, Apt. #, etc. 14th Floor - Attn: Barry		
City & State N. Semet, Esq. Miami, Florida			City & State N. Semet, Esq. Miami, Florida		
Zip 33131			Country USA		
6. Name and Address of Current Registered Agent LICKSTEIN, FRED K ESQ. 100 S.E. SECOND STREET 17TH FLOOR MIAMI, FL 33131			7. Name and Address of New Registered Agent Name BARRY N. SEMET, ESQ. Street Address (P.O. Box Number is Not Acceptable) 1395 Brickell Avenue 14th Floor City Miami		
			FL Zip Code 33131		
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 _____ (NOTE: Registered Agent signature is required when not stating)					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY- ST- ZIP			TITLE NAME STREET ADDRESS CITY- ST- ZIP		
MGRM EDVIN YRAUSQUIN DE WIT 100 SE 2ND ST, 17TH FLOOR MIAMI, FL 33131			MGRM EDVIN YRAUSQUIN DE WIT 1395 Brickell Avenue, 14th Floor Miami, Florida 33131		
<input type="checkbox"/> Delete			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY- ST- ZIP			TITLE NAME STREET ADDRESS CITY- ST- ZIP		
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY- ST- ZIP			TITLE NAME STREET ADDRESS CITY- ST- ZIP		
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 2/25/05 Daytime Phone #: 305-759-924					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					