

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2002 8:00 am
Secretary of State

03-28-2002 90124 023 ****50.00

DOCUMENT # L99000008220

1. Entity Name

OLD VIENNA MANAGEMENT, L.C.

Principal Place of Business

~~12741 WORLD PLAZA LANE, BUILDING 04~~
~~SUITE 0~~
~~FT. MYERS FL 33907~~

Mailing Address

~~12741 WORLD PLAZA LANE, BUILDING 04~~
~~SUITE 0~~
~~FT. MYERS FL 33907~~

2. Principal Place of Business

1113 ESTERO BLVD

Suite, Apt. #, etc.

Suite 17

3. Mailing Address

1113 ESTERO BLVD

Suite, Apt. #, etc.

SUITE 17

City & State

FT. Myers-Beach

City & State

FT. Myers-Beach

Zip

33931

Country

Lee, FL

Zip

33931

Country

FL

4. FEI Number

65-0967924

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SILBERSCHNEIDER, GERALD
113 ESTERO BLVD., #17
FORT MYERS BEACH FL 33931

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

03-11-2002

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete
NAME **SILBERSCHNEIDER, GERALD**
STREET ADDRESS **FRIEDHOFGASSE 2**
CITY-ST-ZIP **A-8020 GRAZ/ AUSTRIA**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **MGRM** ☒ Change ☐ Addition
NAME **SILBERSCHNEIDER, GERALD**
STREET ADDRESS **1113 ESTERO BLVD #17**
CITY-ST-ZIP **FORT MYERS BEACH, FL 33931**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SILBERSCHNEIDER, GERALD

03-11-2002

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

Date

Daytime Phone #

CR2E083 (9/01)