
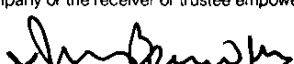


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 17, 2005 8:00 am**  
**Secretary of State**

03-17-2005 90137 037 \*\*\*\*50.00

<b>DOCUMENT # L04000088920</b> 1. Entity Name <b>EAST ALVA RIVERFRONT DEVELOPMENT, L.L.C.</b>					
Principal Place of Business <b>INGRAHAM BUILDING 25 S.E. SECOND AVENUE, SUITE 710 MIAMI, FL 33131</b>			Mailing Address <b>INGRAHAM BUILDING 25 S.E. SECOND AVENUE, SUITE 710 MIAMI, FL 33131</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		Country	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
GRAVINA, PETER J 1833 HENDRY STREET FT. MYERS, FL 33901				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	PREUSS, WERNER J		NAME	Jerald A. Bovino	
STREET ADDRESS	25 SE SECOND AVE., SUITE 710		STREET ADDRESS	2201 S.Ocean Drive #2803	
CITY-ST-ZIP	MIAMI, FL 33131		CITY-ST-ZIP	Hollywood FL 33019	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	Ester P. Bovino	
STREET ADDRESS			STREET ADDRESS	2201 S.Ocean Drive #2803	
CITY-ST-ZIP			CITY-ST-ZIP	Hollywood FL 33019	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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:  JERALD A. BOVINO			Date: 3/11/05 Daytime Phone #: 305-377-4115		