

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 15, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000044132

1. Entity Name
ALVA 270 INVESTORS, LLC



Principal Place of Business

**C/O JOHN N. BRUGGER, 600 FIFTH AVENUE S.
207
NAPLES, FL 34102**

Mailing Address

**C/O JOHN N. BRUGGER, 600 FIFTH AVENUE S.
207
NAPLES, FL 34102**



03132007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BRUGGER, JOHN N
600 FIFTH AVENUE SOUTH
SUITE 207
NAPLES, FL 34102**

**DO NOT WRITE
IN THIS SPACE**

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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	ALVA 270 HERZLIYA, LLC
STREET ADDRESS	600 FIFTH AVENUE SOUTH, SUITE 207
CITY - ST - ZIP	NAPLES, FL 34102
TITLE	MGR
NAME	ALVA 270 FLORIDA, LLC
STREET ADDRESS	1955 S. E. 31ST STREET
CITY - ST - ZIP	CAPE CORAL, FL 34102
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

U00000667622
03/26/07-80035-022 50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____

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

John N. Brugger 3/13/07

Date

Daytime Phone #

239-263-6000