

# 2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L05000045532

Entity Name: ALVA 270 HERZLIYA, LLC

FILED  
Jun 18, 2009  
Secretary of State

## Current Principal Place of Business:

C/O JOHN N. BRUGGER  
207  
NAPLES, FL 34110

## Current Mailing Address:

C/O JOHN N. BRUGGER  
207  
NAPLES, FL 34102

## New Principal Place of Business:

C/O DIZENGOFF REAL ESTATE, 2255 GLADES RD  
200E  
BOCA RATON, FL 33431

## New Mailing Address:

C/O DIZENGOFF REAL ESTATE, 2255 GLADES RD  
200E  
BOCA RATON, FL 33431

FEI Number: 83-0428390

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BRUGGER, JOHN N  
600 FIFTH AVENUE SOUTH  
207  
NAPLES, FL 3402 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: MGR ( ) Delete  
Name: BRUGGER, JOHN N  
Address: 600 FIFTH AVENUE SOUTH  
City-St-Zip: NAPLES, FL 34102

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: SABAN, RONEN  
Address: 2255 GLADES RD, SUITE 200E  
City-St-Zip: BOCA RATON, FL 33431

Title: MGR ( ) Change (X) Addition  
Name: COHEN, SCHLOMO  
Address: 2255 GLADES RD, SUITE 200E  
City-St-Zip: BOCA RATON, FL 33431

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: RONEN SABAN

MGR

06/18/2009

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