2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L05000045533

1. Entity Name ALVA 270 FLORIDA, LLC



FILED Mar 31, 2008 08:00 AN Secretary of State

Principal Place of Business 1423 SE 10TH STREET SUITE 1A CAPE CORAL, FL 33990

Mailing Address
1423 SE 10TH STREET
SUITE 1A
CAPE CORAL, FL 33990



03212008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 83-0428393

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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

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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.
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(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

U00000876884 04/11/08-80093-004 138.75

DATE

9.	MANAGING MEMBERS/MANAGERS	i i i i i i i i i i i i i i i i i i i
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR AMINOV, URI 1955 S. E. 31ST STREET CAPE CORAL, FL 34102	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-SI-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		

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:

John N. Brugger

3/27/08

239-263-6000

SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIV

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Daytime Phone #