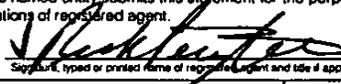
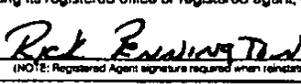


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 15, 2006 8:00 am
Secretary of State

04-20-2006 90022 012 ****50.00

DOCUMENT # L05000057963				
1. Entity Name ALVA ACRES LLC				
Principal Place of Business 3820 COLONIAL BLVD., STE. 103 FORT MYERS, FL 33912		Mailing Address 3820 COLONIAL BLVD., STE. 103 FORT MYERS, FL 33912		
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State		
Zip	Country	Zip	Country	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent
CHRISTINA HARRIS SCHWINN, ESQ. C/O PAVESE LAW FIRM. 1833 HENDRY ST. FT. MYERS, FL 33901				Name
				Street Address (P.O. Box Number is Not Acceptable)
				City
				FL
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 		DATE 4-17-06
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PENNINGTON, RICK		NAME	
STREET ADDRESS	15131 BRIAR RIDGE CIRCLE		STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS, FL 33912		CITY-ST-ZIP	
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POLLACK, STANLEY		NAME	
STREET ADDRESS	3680 BAY CREEK DR		STREET ADDRESS	
CITY-ST-ZIP	BONITA SPRINGS, FL 34134		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	
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 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: 		DATE 4-17-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Daytime Phone #

30008398



03202008 Chg-LLC CR2E083 (11/05)

4. FEI Number 72-1602807 Applied For Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

FL Zip Code

4-17-06 DATE