

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000112939

Entity Name: ALPHAVILLE ORLANDO LLC

FILED
Mar 02, 2009
Secretary of State

Current Principal Place of Business:

8915 LATREC AVE
APT 204
ORLANDO, FL 32819 US

Current Mailing Address:

8915 LATREC AVE
APT 204
ORLANDO, FL 32819 US

New Principal Place of Business:

5752 WINDHOVER DRIVE
APT C
ORLANDO, FL 32819 US

New Mailing Address:

5752 WINDHOVER DRIVE
APT C
ORLANDO, FL 32819 US

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BERSENEV, DMITRY
8915 LATREC AVE
APT 204
ORLANDO, FL 32819 US

Name and Address of New Registered Agent:

BERSENEV, DMITRY
5752 WINDHOVER DRIVE
APT C
ORLANDO, FL 32819 US

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:

03/02/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BERSENEV, DMITRY
Address: 8915 LATREC AVE APT 204
City-St-Zip: ORLANDO, FL 32819 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: BERSENEV, DMITRY
Address: 5752 WINDHOVER DRIVE APT C
City-St-Zip: ORLANDO, FL 32819 US

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: DMITRY BERSENEV

MGRM

03/02/2009

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