2008 LIMITED LIABILITY COMPANY ANNUAL REPORT____

DOCUMENT # L00000000147

1. Entity Name REALMARK CAPE MARINA, L.L.C.



Principal Place of Business

5710 CHIQUITA BLVD. S. CAPE CORAL, FL 33914

Mailing Address

5789 CAPE HARBOUR DRIVE, SUITE 201 CAPE CORAL, FL 33914

FILED Mar 28, 2008 08:00 Al Secretary of State



02262008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 65-0971116 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional

6. Name and Address of Current Registered Agent

BOLANOS TRUXTON, P.A. 12800 UNIVERSITY DR. STE 350 FT MYERS, FL 33907

DO NOT WRITE IN THIS SPACE

bove named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Floric	a. I am familiar with, and accept
Sigations of registered agent,	·

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

000000873970 04/10/08-80090-012 138.75

9.	MANAGING MEMBERS/MANAGERS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR STOUT, WILLIAM J JR 5789 CAPE HARBOUR DRIVE, SUITE 201 CAPE CORAL, FL 33914
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DEARDON, CRAIG A 5789 CAPE HARBOUR DRIVE, SUITE 201 CAPE CORAL, FL 33914
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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:

Cargulat

COME A. DETROEN

3/24/08

239-541-1372

Date

Daytime Phone #