

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000000147

FILED
Apr 14, 2009
Secretary of State

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

Current Principal Place of Business:

5710 CHIQUITA BLVD. S.
CAPE CORAL, FL 33914

New Principal Place of Business:

5828 CAPE HARBOUR DRIVE
CAPE CORAL, FL 33914

Current Mailing Address:

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

New Mailing Address:

FEI Number: 65-0971116 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOLANOS TRUXTON, P.A.
12800 UNIVERSITY DR. STE 350
FT MYERS, FL 33907 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: STOUT, WILLIAM J JR
Address: 5789 CAPE HARBOUR DRIVE, SUITE 201
City-St-Zip: CAPE CORAL, FL 33914

Title: VP () Delete
Name: DEARDON, CRAIG A
Address: 5789 CAPE HARBOUR DRIVE, SUITE 201
City-St-Zip: CAPE CORAL, FL 33914

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: DEARDEN, CRAIG A
Address: 5789 CAPE HARBOUR DRIVE, SUITE 201
City-St-Zip: CAPE CORAL, FL 33914

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: WILLIAM J. STOUT, JR.

MGR

04/14/2009

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