

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 01, 2004 8:00 am
Secretary of State

03-16-2004 90173 038 ****50.00

DOCUMENT # L00000006366 1. Entity Name REALMARK REALTY GROUP, L.L.C.					
Principal Place of Business 1900 LAGOON LANE CAPE CORAL, FL 33914			Mailing Address 1900 LAGOON LANE CAPE CORAL, FL 33914		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		02172004 Chg-LLC CR2E083 (10/03)	
4. FEI Number 65-1017657				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				6. Name and Address of Current Registered Agent BOLANOS, TRUXTON & YOUNGS, P.A. 12800 UNIVERSITY DRIVE, SUITE 240 FT. MYERS, FL 33907	
7. Name and Address of New Registered Agent Name BOLANOS TRUXTON, P.A. Street Address (P.O. Box Number is Not Acceptable) 12800 UNIVERSITY DRIVE, STE. 350 City FT. MYERS FL Zip Code 33907				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 <u><i>Greg S. Truett</i></u> 3/29/04 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE	
Filing Fee is \$50.00 Due by May 1, 2004			Make check payable to Florida Department of State		
9. MANAGING MEMBERS / MANAGERS				10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR STOUT, WILLIAM J JR. 1900 LAGOON LANE CAPE CORAL, FL 33914 ☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 606, Florida Statutes.					
SIGNATURE: <u><i>William J. Stout, Jr.</i></u> 3/10/04 239-541-1372 SIGNATURE AND OFFICE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date Daytime Phone #	