

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 26, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # L00000013766

1. Entity Name  
REALMARK OVATION, L.L.C.



Principal Place of Business  
5789 CAPE HARBOUR DR.  
SUITE 201  
CAPE CORAL, FL 33914

Mailing Address  
5789 CAPE HARBOUR DR.  
SUITE 201  
CAPE CORAL, FL 33914



03162007No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-1080983

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

BOLANOS TRUXTON, P.A.  
12800 UNIVERSITY DR., STE. 240  
FT. MYERS, FL 33907

**DO NOT WRITE  
IN THIS SPACE**

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

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2007**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
STOUT, WILLIAM J JR.  
5789 CAPE HARBOUR DRIVE, STE 201  
CAPE CORAL, FL 33914

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VP  
DEARDEN, CRAIG A  
5789 CAPE HARBOUR DRIVE, STE 201  
CAPE CORAL, FL 33914

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U000000678318  
04/02/07-80028-011 50.00

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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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

William J. Stout, Jr.

3/21/07

Date

239-541-1372

Daytime Phone #