## . 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L00000014962

## FILED Apr 29, 2005 8:00 am Secretary of State 04-29-2005 90044 018 \*\*\*\*55.00

1. Entity Nam REALMAI	e RK CAPE ROYAL, L.L.C.							
Principal Place of Business 1900 LAGOON LANE CAPE CORAL, FL 33914		Mailing Address 1900 LAGOON LANE CAPE CORAL, FL 33914				20050882		
2. Principal Place of Business		3. Mailing Address						
5789 Cape Harbour Drive, Suite 201 Cape Coral, Fl 33914		5789 Cape Harbour Drive, Suite 201 Cape Coral, Fl 33914		04192005		CR2E083 (10/03)		
			- <del></del>		4. FEI Numb	T: .	<u> </u>	ot Applicable
Zip	Country	Zip	Cgun	itry		e of Status Desired	\$5.00 Add Fee Require	ditional
	6. Name and Address of Current	Registered Agent	•		7. Name and	d Address of New Regi	stered Agent	
BOLANOS, TRUXTON, P.A. 12800 UNIVERSITY DR., STE. 350 FT MYERS, FL 33907				Name Street Ad	dress (P.O. Box Numb	er is Not Acceptable)		
			,	City			FL Zip Cod	le
	named entity submits this statement for ions of registered agent.	or the purpose of changing its	register	ed office or	registered agent, or bo	oth, in the State of Florid	a. I am familiar with,	and accept
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable. (NOT	E: Registere	id Agent signatu	re required when reinstating)		DATE	
	ling Fee is \$50.00 ue by May 1, 2005						heck payable to epartment of Stat	le
9.	MANAGING MEMBI	ERS/MANAGERS	10.			ADDITIONS/CH		· · · · · · · · ·
TITLE NAME STREET ADDRESS	P STOUT, WILLIAM J JR. <del>1988 LAGOON LANE</del>	☐ Delete	TITLI Nam Stre		6790 C Und	our Drive, Suite 201	Change Change	Addition
CITY-ST-ZIP	CAPE CORAL, PL 33914		CITY-ST-		Cape Coral, Fl 3			\
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delets		EET ADDRESS	Vice President Craig A Dearde 5789 Cape Harbour I		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-SI-ZIP		☐ Celete		E (	Cape Coral, Fl 33914		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITL NAM STRI	E			☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP	-	Delete					☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		I			☐ Change	Addition
indicated	certify that the information supplied wit on this report is true and accurate and billity company or the receiver or truste under the control of the control	d that my signature shall have be empowered to execute this	the sam report a	e legal elfed s required b Jane K	t as if made under oat	h; that I am a managing Statutes.	g member or manag	