FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Mar 29, 2002 8:00 am Secretary of State DOCUMENT # L0000015033 03-29-2002 91215 048 ****50.00 REALMARK BURNT STORE MARINA, L.L.C. Principal Place of Business Mailing Address 320 MATECUMBE KEY RD. 1900 LAGOON LANE PUNTA GORDA FL 33955 CAPE CORAL FL 33914 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-1062523 Not Applicable Zip Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BOLANOS, TRUXTON, P.A. Street Address (P.O. Box Number is Not Acceptable) 12800 UNIVERSITY DR., STE. 340 FT MYERS FL 33907 Zip Code FL 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. Change ☐ Addition CR2E083 (9/01 TITLE Delete TITLE STOUT, WILLIAM J NAME NAME STREET ADDRESS STREET ADDRESS 1900 LAGOON LANE CITY-ST-ZIP CITY-ST-ZIP CAPE CORAL FL 33914 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F Delete TITI F □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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 empower to secure this report as required by Chapter 608, Florida Statutes.

SIGNATURE: