

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 04, 2006 8:00 am
Secretary of State

04-04-2006 90007 029 ****50.00

DOCUMENT # L00000015033

1. Entity Name
REALMARK BURNT STORE MARINA, L.L.C.



Principal Place of Business
3192 MATECANBE WAY
PUNTA GORDA, FL 33955

Mailing Address
5789 CAPE HARBOUR DR, STE 201
CAPE CORAL, FL 33914

20024422



01052006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1062523

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. 350
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, 2006

9. MANAGING MEMBERS/MANAGERS

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

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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STREET ADDRESS
CITY - ST - ZIP

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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: _____

Craig A. Dearden

3/13/06

(239) 541-1372

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

Date

Daytime Phone #