



FILED
Apr 29, 2005 8:00 am
Secretary of State

20050897

DOCUMENT # L01000011750		04-29-2005 90044 003 ****55.00	
1. Entity Name REALMARK META, 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		3. Mailing Address	
5789 Cape Harbour Drive, Suite 201 Cape Coral, FL 33914		5789 Cape Harbour Drive, Suite 201 Cape Coral, FL 33914	
		04192005 Chg-LLC CR2E083 (10/03)	
		4. FEI Number 65-1122861	
		<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
Zip	Country	Zip	Country
	Lee		Lee
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BOLANOS TRUXTON, P.A. 12800 UNIVERSITY DR., STE. 350 FT. MYERS, FL 33907		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))</small>			
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE MGR NAME STOUT, WILLIAM J JR. STREET ADDRESS 1900 LAGOON LANE CITY - ST - ZIP CAPE CORAL, FL 33914	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 5789 Cape Harbour Drive, Suite 201 CITY - ST - ZIP Cape Coral, FL 33914	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP 	<input type="checkbox"/> Delete	TITLE NAME Vice President STREET ADDRESS Craig A Dearden CITY - ST - ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 5789 Cape Harbour Drive, Suite 201 CITY - ST - ZIP Cape Coral, FL 33914	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> 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 608, Florida Statutes.			
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		Jane Kirkman, April 22, 2005 (239)541- 1372	