


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT


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

04-29-2005 90044 004 ****55.00

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| DOCUMENT # L02000025075 |  |
| 1. Entity Name REALMARK ENTRADA, L.L.C. | |

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| Principal Place of Business 1900 LAGOON LANE CAPE CORAL, FL 33914 | Mailing Address 1900 LAGOON LANE CAPE CORAL, FL 33914 |
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| 2. Principal Place of Business 5789 Cape Harbour Dr Suite, Apt. #, etc. 201 City & State Cape Coral Zip 33914 Country Lee | 3. Mailing Address 5789 Cape Harbour Dr Suite, Apt. #, etc. Suite 201 City & State Cape Coral Zip 33914 Country Lee |
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| 04112005 Chg-LLC | CR2E083 (10/03) |
| 4. FEI Number 55-0799854 | Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/> |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$5.00 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent BOLANOS TRUXTON, P.A. 12800 UNIVERSITY DR SUITE 350 FT MYERS, FL 33907 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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| Filing Fee is \$50.00 Due by May 1, 2005 | Make check payable to Florida Department of State |
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| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|--|--|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRS STOUT, WILLIAM J JR 1900 LAGOON LANE CAPE CORAL, FL 33914 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 5789 Cape Harbour Drive, Suite 201 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 STREET ADDRESS CITY-ST-ZIP | Vice President Craig A Dearden 5789 Cape Harbour Drive, Suite 201 Cape Coral, FL 33914 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 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 |
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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: Jane Kirkman Jane Kirkman, April 22, 2005 (239)541- 1372
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REP