2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000025075

1. Entity Name

REALMARK ENTRADA, L.L.C.



Principal Place of Business

5789 CAPE HARBOUR DR

201

CAPE CORAL, FL 33914

Mailing Address

5789 CAPE HARBOUR DR

201

CAPE CORAL, FL 33914

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

04-04-2006 90007 033 ****50.00



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01052006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 55-0799854

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 SUITE 350 FT MYERS, FL 33907

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the obligations of registered agent.			
SIGNATI	JRE	(NOTE: Registered Agent signature required when reinstating)	OATE
	Filing Fee Is \$50.00 Due by May 1, 2006		
9.	MANAGING MEMBERS/MANAGERS		
TITLE	MGRS		

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 accent

STOUT, WILLIAM J JR NAME 5789 CAPE HARBOUR DRIVE, SUITE 201 STREET ADDRESS CITY-ST-ZIP CAPE CORAL, FL 33914 TITLE DEARDEN, CRAIG A 5789 CAPE HARBOUR DRIVE, SUITE 201 STREET ADDRESS CAPE CORAL, FL 33914 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY - ST- ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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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:

caigalast

Craig A. Dearden

3/13/06

(239) 541-1372

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

Date

Daytime Phone #