

**2007 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**  
**Mar 26, 2007 08:00 AM**  
**Secretary of State**



03162007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

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**

**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, 2007**

**9. MANAGING MEMBERS/MANAGERS**

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP  
DEARDEN, CRAIG A  
5789 CAPE HARBOUR DRIVE, SUITE 201  
CAPE CORAL, FL 33914**

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

U00000678329  
04/02/07-80028-022 50.00

**DO NOT WRITE  
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:** \_\_\_\_\_

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

**William J. Stout, Jr.**

**3/21/07**

Date

**239-541-1372**

Daytime Phone #