

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90031 039 ****55.00

DOCUMENT # L03000001301

1. Entity Name
REALMARK MARINA VIEW, L.L.C.



Principal Place of Business
**1900 LAGOON LANE
CAPE CORAL, FL 33914**

Mailing Address
**1900 LAGOON LANE
CAPE CORAL, FL 33914**

14001912



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
55-0816844

Applied For
Not Applicable

Zip Country
lee

Zip Country
lee

5. Certificate of Status Desired ☒ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BOLANOS TRUXTON, P.A.
12800 UNIVERSITY DRIVE
SUITE 350
FT. MYERS, FL 33907**

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 _____

**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 NAME MGR
STREET ADDRESS ~~1900 LAGOON LANE~~
CITY-ST-ZIP ~~CAPE CORAL, FL 33914~~ ☐ Delete

TITLE NAME ☒ Change ☐ Addition
STREET ADDRESS 5789 Cape Harbour Drive, Suite 201
CITY-ST-ZIP Cape Coral, FL 33914

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Vice President ☐ Change ☐ Addition
STREET ADDRESS Craig A Dearden
CITY-ST-ZIP 5789 Cape Harbour Drive, Suite 201

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTH

Jane Kirkman, April 22, 2005 (239)541- 1372