

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

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

04-04-2006 90007 046 \*\*\*\*50.00

**DOCUMENT # L03000001301**

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



Principal Place of Business  
**5789 CAPE HARBOUR DR.  
SUITE 201  
CAPE CORAL, FL 33914**

Mailing Address  
**5789 CAPE HARBOUR DR.  
SUITE 201  
CAPE CORAL, FL 33914**

**20024405**



01052006No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**55-0816844**

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 DRIVE  
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, 2006**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGR  
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  
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NAME  
STREET ADDRESS  
CITY - ST - ZIP

**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:**

**Craig A. Dearden**

**3/13/06 (239) 541-1372**

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

Date

Daytime Phone #