


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 28, 2008 08:00 AM
Secretary of State

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	



02262008 No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 55-0816844	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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
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**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

U000000873385
04/10/08-80090-016 138.75

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
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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:

Craig A. Dearden

Craig A. Dearden

3/24/08

239-541-1372

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

Date

Daytime Phone #