



# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-27-2005 90031 038 \*\*\*\*55.00

<b>DOCUMENT # L03000020098</b>					
<b>1. Entity Name</b> REALMARK MARINA GRILL, L.L.C.					
<b>Principal Place of Business</b> 1900 LAGOON LANE CAPE CORAL, FL 33914			<b>Mailing Address</b> 1900 LAGOON LANE CAPE CORAL, FL 33914		
<b>2. Principal Place of Business</b> 5789 Cape Harbour Dr Suite, Apt. #, etc. Suite 201 City & State Cape Coral FL Zip 33914 Country Lee		<b>3. Mailing Address</b> 5789 Cape Harbour Dr Suite, Apt. #, etc. Suite 201 City & State Cape Coral FL Zip 33914 Country Lee			
<b>4. FEI Number</b> 04112005 Chg-LLC CR2E083 (10/03) 61-1452100				Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>				<b>6. Name and Address of Current Registered Agent</b> BOLANOS TRUXTON, P.A. 12800 UNIVERSITY DRIVE, SUITE 350 FORT MYERS, FL 33907	
<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code				<b>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.</b> SIGNATURE _____ DATE _____ <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))</small>	
<b>Filing Fee Is \$50.00 Due by May 1, 2005</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR STOUT, WILLIAM J JR. 1900 LAGOON LANE CAPE CORAL, FL 33914	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	5789 Cape Harbour Drive, Suite 201 Cape Coral, FL 33914	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Craig A Dearden	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	5789 Cape Harbour Drive, Suite 201 Cape Coral, FL 33914	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Craig A Dearden	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	5789 Cape Harbour Drive, Suite 201 Cape Coral, FL 33914	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Craig A Dearden	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	5789 Cape Harbour Drive, Suite 201 Cape Coral, FL 33914	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>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.</b>					
<b>SIGNATURE</b> <u>Jane Kirkman</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, (</small>			Jane Kirkman, April 22, 2005 (239)541- 1372		