

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90044 008 \*\*\*\*\*55.00

**20050892**



<b>DOCUMENT # L04000021029</b> 1. Entity Name <b>REALMARK CONSTRUCTION SERVICES, 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</b>		3. Mailing Address <b>5789 Cape Harbour Dr</b>			
Suite, Apt. #, etc. <b>Suite 201</b>		Suite, Apt. #, etc. <b>Suite 201</b>			
City & State <b>Cape Coral F</b>		City & State <b>Cape Coral FL</b>			
Zip <b>33914</b>		Country <b>Lee</b>		Zip <b>33914</b>	
Country <b>Lee</b>		4. FEI Number <b>55-0863356</b>			
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>BOLANOS TRUXTON, P.A. 12800 UNIVERSITY DR SUITE 350 FT MYERS, FL 33907</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</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	<b>MGR STOUT, WILLIAM J JR <del>1900 LAGOON LANE</del> <del>CAPE CORAL, FL 33914</del></b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>5789 Cape Harbour Drive, Suite 201 Cape Coral, FL 33914</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Vice President Craig A Dearden</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>5789 Cape Harbour Drive, Suite 201 Cape Coral, FL 33914</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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>SIGNATURE</b> <u>Jane Kirkman</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHOR</small>			Jane Kirkman, April 22, 2005 (239)541- 1372		