

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

DOCUMENT # L04000021031

1. Entity Name  
REALMARK RETAIL OPERATIONS, L.L.C.



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

04-29-2005 90044 016 \*\*\*\*55.00

**20050884**



03282005 Chg-LLC CR2E083 (10/03)

|   |   |
|---|---|
| Principal Place of Business<br>1900 LAGOON LANE<br>CAPE CORAL, FL 33914 | Mailing Address<br>1900 LAGOON LANE<br>CAPE CORAL, FL 33914 |
| 2. Principal Place of Business<br>5789 Cape Harbour<br>Suite 201        | 3. Mailing Address<br>5789 Cape Harbour Dr<br>Suite 201     |
| City & State<br>Cape Coral, FL  | City & State<br>Cape Coral, FL                              |
| Zip 33914   | Country Lee   |

|   |                               |
|---|-------------------------------|
| 4. FEI Number<br>55-0863377   | Applied For<br>Not Applicable |
| 5.-Certificate of Status Desired<br><input checked="" type="checkbox"/> \$5.00 Additional<br>Fee Required |                               |

6. Name and Address of Current Registered Agent

BOLANOS TRUXTON, P.A.  
12800 UNIVERSITY DR  
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

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, 2005**

**Make check payable to  
Florida Department of State**

|  |   |  |  |
|--|---|--|--|
| 9. MANAGING MEMBERS/MANAGERS                   |   | 10. ADDITIONS/CHANGES                          |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>STOUT, WILLIAM J<br>1900 LAGOON LANE<br>CAPE CORAL, FL 33914 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>5789 Cape Harbour Drive, Suite 201<br>Cape Coral, FL 33914                           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>Vice President<br>Craig A Dearden<br>5789 Cape Harbour Drive, Suite 201<br>Cape Coral, FL 33914 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>5789 Cape Harbour Drive, Suite 201<br>Cape Coral, FL 33914                                      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                     | TITLE<br>NAME<br>STREET ADDRESS<br>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

SIGNATURE: *Jane Kirkman*

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

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

FLORIDA DEPARTMENT OF STATE