


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

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

<b>DOCUMENT # L04000021031</b> 1. Entity Name <b>REALMARK RETAIL OPERATIONS, L.L.C.</b>	
---	---

Principal Place of Business <b>5789 CAPE HARBOUR DRIVE SUITE 201 CAPE CORAL, FL 33914 US</b>	Mailing Address <b>5789 CAPE HARBOUR DRIVE SUITE 201 CAPE CORAL, FL 33914 US</b>
---	---



02262008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>55-0863377</b>	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent  <b>BOLANOS TRUXTON, P.A. 12800 UNIVERSITY DR SUITE 350 FT MYERS, FL 33907</b>
--

<b>DO NOT WRITE IN THIS SPACE</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.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

U000000873295  
04/10/08-80073-009 138.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR STOUT, WILLIAM J 5789 CAPE HARBOUR DRIVE SUITE 201 CAPE CORAL, FL 33914
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DEARDEN, CRAIG A 5789 CAPE HARBOUR DRIVE SUITE 201 CAPE CORAL, FL 33914
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<b>DO NOT WRITE IN THIS SPACE</b>
---------------------------------------

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** **3/24/08** **239-541-1372**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #