




2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90113 011 ****55.00

DOCUMENT # L04000021034 1. Entity Name REALMARK DESTINATIONS, L.L.C.			
Principal Place of Business 1900 LAGOON LANE CAPE CORAL, FL 33914		Mailing Address 1900 LAGOON LANE CAPE CORAL, FL 33914	
2. Principal Place of Business 5-789 Cape Harbor Dr Suite, Apt. #, etc. Suite 201 City & State Cape Coral FL Zip 33914		3. Mailing Address 5-789 Cape Harbor Dr Suite, Apt. #, etc. Suite 201 City & State Cape Coral FL Zip 33914	
			
		03282005 Chg-LLC CR2E083 (10/03)	
		4. FEI Number 55-0863369	
		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent BOLANOS TRUXTON, P.A. 12800 UNIVERSITY DR SUITE 350 FT MYERS, FL 33907		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;"> FL Zip Code </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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
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	MGR	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STOUT, WILLIAM J JR	NAME	
STREET ADDRESS	1900 LAGOON LANE	STREET ADDRESS	5789 Cape Harbour Drive, Suite 201
CITY-ST-ZIP	CAPE CORAL, FL 33914	CITY-ST-ZIP	Cape Coral, FL 33914
TITLE		TITLE	Vice President
NAME		NAME	Craig A Dearden
STREET ADDRESS		STREET ADDRESS	5789 Cape Harbour Drive, Suite 201
CITY-ST-ZIP		CITY-ST-ZIP	Cape Coral, FL 33914
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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, April 22, 2005 (239)541- 1372	