2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000021034

1. Entity Name

REALMARK DESTINATIONS, L.L.C.

FILED Mar 28, 2008 08:00 A Secretary of State

Principal Place of Business

5789 CAPE HARBOUR DRIVE

SUITE 201

CAPE CORAL, FL 33914

Mailing Address

5789 CAPE HARBOUR DRIVE

SUITE 201

CAPE CORAL, FL 33914



02262008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number	 Applie	d For
55-0863369	Not A	oplicable
5. Certificate of Status Desired	\$5.00 Addition	nal

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BOLANOS TRUXTON, P.A. 12800 UNIVERSITY DR SUITE 350 FT MYERS, FL 33907

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State	e of Florida. I am familiar with, and accept
the obligations of registered agent.	

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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

u00000873327 10708-80073-013 138.75

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9.	MANAGING MEMBERS/MANAGERS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR STOUT, WILLIAM J JR 5789 CAPE HARBOUR DRIVE, SUITE 201 CAPE CORAL, FL 33914
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DEARDEN, CRAIG A. 5789 CAPE HARBOUR DRIVE, SUITE 201 CAPE CORAL, FL 33914
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
11. I hereby	certify that the information supplied with this filing does not qualify for the ex

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I hereby certify that the information supplied with this filling 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE