2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L04000021039

1. Entity Name

REALMARK TELEGRAPH CREEK ESTATES, L.L.C.



FILED Mar 26, 2007 08:00 AM Secretary of State

Principal Place of Business

5789 CAPE HARBOUR DR, STE 201 CAPE CORAL, FL 33914

Mailing Address

5789 CAPE HARBOUR DR, STE 201 CAPE CORAL, FL 33914



03192007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 55-0863350

Applied For Not Applicable

5. Certificate of Status Desired

\$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

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 The above named entity submits this statement for the purpose of che the obligations of registered agent. 	anging its registered office or registered agent, or both, in the	e State of Florida. I am familiar with, and acc	ept
SIGNATURE	OOF. B		
Signature. hyped or printed name of registered agent and site if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE	_
Filing Fee is \$50.00 Due by May 1, 2007			

9.	MANAGING MEMBERS/MANAGERS
TITLE NAME STREET AODRESS	MGR STOUT, WILLIAM J JR 5789 CAPE HARBOUR DR, STE 201
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CAPE CORAL, FL 33914 V DEADEN, CRAIG A 5789 CAPE BARBOUR DR, STE 201 CAPE CORAL, FL 33914
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 trusted empowered to execute this report as required by Chapter 608, Fiorida Statutes.

SIGNATURE:

OR PRINTED NAME OF SIGNIN

Milliam J. Stad

3/2/10)

971-171-1317

Daytime Phone i