2007 LIMITED LIABILITY COMPANY ANNUAL REPORT.

Apr 17, 2007 8:00 am Secretary of State DOCUMENT # L05000011844 04-17-2007 90253 014 ****55.00 1. Entity Name REALMARK MARINA VIEW 311, L.L.C. Principal Place of Business Mailing Address 5789 CAPE HARBOUR DRIVE, SUITE 201 5789 CAPE HARBOUR DRIVE, SUITE 201 CAPE CORAL, FL 33914 CAPE CORAL, FL 33914 03162007 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 20-2349626 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BOLANOS TRUXTON, P.A. DO NOT WRITE 12800 UNIVERSITY DRIVE, SUITE 350 FT. MYERS, FL 33907 IN THIS SPACE 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) DA7F Filing Fee is \$50.00 Due by May 1, 2007 MANAGING MEMBERS/MANAGERS TITLE MGR STRAUS, LAURA ANNE NAME 5789 CAPE HARBOUR DRIVE, SUITE 201 STREET ADDRESS CAPE CORAL, FL 33914 CITY-ST-7IP SECRETARY TREASURER TITLE NAME DANIEL STRAUS STREET ADDRESS ₩ 4905 SW 11 PCF CITY-ST-ZIP CAPE CORAL, FC 33914 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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: DANIER SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

NAME STREET ADDRESS CITY-ST-ZIP

FILED

Daytime Phone #