2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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DOCUMENT # L05000025286

1. Entity Name

REALMARK MARINA VIEW SOUTH II, L.L.C.



FILED Mar 26, 2007 08:00 AM 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



03162007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-2612838 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 DRIVE, SUITE 350 FT. MYERS, FL 33907

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The above named entity submits this statement for the purpose of char the obligations of registered agent.	nging its registered office or registered agent, or both, in the	State of Florida. I am familiar with, and accept
SIGNATURE Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
Filing Fee is \$50.00 Due by May 1, 2007		

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

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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 of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

CITY-ST-7IP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATI

3/21/07 239-541-137