2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 14, 2009
Secretary of State

DOCUMENT# L06000015546

Entity Name: REALMARK MANAGEMENT SERVICES, LLC

Current Principal Place of Business:

5789 CAPE HARBOUR DRIVE, SUITE 201
CAPE CORAL, FL 33914

New Principal Place of Business:

5828 CAPE HARBOUR DRIVE, SUITE 102
CAPE CORAL, FL 33914

Current Mailing Address:

5789 CAPE HARBOUR DRIVE, SUITE 201
CAPE CORAL, FL 33914

New Mailing Address:

FEI Number: 20-4927052 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: STOUT, WILLIAM J JR.
Address: 5789 CAPE HARBOUR DRIVE, SUITE 201
City-St-Zip: CAPE CORAL, FL 33914

Title: VP ( ) Delete
Name: DEARDON, CRAIG A
Address: 5789 CAPE HARBOUR DR STE 201
City-St-Zip: CAPE CORAL, FL 33914

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change ( ) Addition
Name: DEARDEN, CRAIG A
Address: 5789 CAPE HARBOUR DR STE 201
City-St-Zip: CAPE CORAL, FL 33914

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: WILLIAM J. STOUT, JR. MGR 04/14/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date