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2000	<b>UNIFORM</b>	<b>BUSINESS</b>	REPORT	(UBR)
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DOCUMENT # M9700000661  1. Entity Name								المراكبة والمساورة . المراكبة المراكبة	u OF SIA	NE TIONS	
REALMARK ATLANTA II, L.L.C.					SECRETARY OF STATE  BIVISION OF CORPORATIONS						
						00 MAR 16 AM 10: 34					
Principal Place of Business Mailing Address				ļ		Ų	) time .	, ,	$\sigma_{O}$		
	L ROAD. STE. 200	5395 ROSWELL ROAD ATLANTA GA 30342-15			•			In	3/26	<b>3</b>	
ATLANTA GA (	30342	ATDANTA OA 30042-13	,,,,			11			<b>18</b> 111 <b>66</b> 111 <b>6</b>	neit daein deird i	1118 i 1181 1 <b>88</b> 1
						]					
2. Principal Place of Business		3. Mailing Address	3. Mailing Address			11	9816811 IIV IL			B)II BUILE BIIIU I	HIND 1505 1961
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE					
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City & State	Э	City & State	City & State		1	4. FEI N	umber 58	3-2328968			plied For t Applicable
Zip	Country	Zip	Zip Countr				cate of Sta	tus Desired		\$5.00 Add	litional
	S. News and Address of Surrey	A De alabared Agran						ess of New Reg		Fee Required	<del>d</del>
	6. Name and Address of Curren	t Registered Agent		Name	<del></del>	, Name	and Addit	SS OF JEW LIEF	Jistered /	-tgent	
ROONEY, J. MICHAEL				Street Address (P.O. Box Number is Not Acceptable)							
306 EAST	OLYMPIA AVENUE										
PUNTA GO	ORDA FL 33950		:								
				City					FL	Zip Code	e !
8. The above	named entity submits this statement	for the purpose of changing	its registere	ed office of	registered	agent, c	r both, in th	ne State of Florid	ta.		
SIGNATURE .	Signature, typed or printed name of registered ager	at and title if applicable. (	NOTE: Registered	Agent signat	ure required wh	en reinstatin	g)		DATE		
		FILE	NOW!!! I	EE IS \$	50.00	. )					
		Make Check		- '		itate					
9.	MANAGING MEM	BEDS (MEMBERS	10.	<del></del>	· -	1		ADDITIONS/C	HANGES		
TITLE	MGRM	Delete	TITLE		Man	agi	na	Nember		Change	Addition
NAME	STOUT, WILLIAM J JR.		NAM	-	Will	iam	2,21	but	cle.	•	
STREET ADDRESS CITY-RT-ZIP	5395 ROSWELL ROAD, STE. 20 ATLANTA GA 30342	10		ET ADDRESS - ST- ZIP	0144F	برد رک	nrda.	nd Cir	395	5	
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STREET ADDRESS CITY-ST-ZIP				ET ADDRESS -ST-ZIP	539	5 X	،دی چ ہے: ∆ کے	3034	2 P		
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MAME			MAM	_							
STREET ADORESS CITY-ST-ZIP				ET ADDRÉSS ST-ZIP			31 Tu Tu	0031		)	_a
NTLE .		☐ Dotete	mu	:			<u></u>	-03/29/0/	001	[] [Change]	1 Addition
MAME			NAM	E Et address				*****50,	,00	*****5[	).00
STREET ADDRESS City-St-Zip				- 8T <i>- 2</i> JP							
TITLE		☐ Delete	TITLE							Change	Additton
MARKE			NAM								
STREET ADDRESS CITY-8T-ZIP				ET ADDRESS BT-ZIP							
TITLE		☐ Deleta	THYL			<u> </u>			<del></del> -	Change	Addition
NAME			MARI	E Et address							
STREET ADDRESS CITY-ST-ZIP				ET AUURESS ST-ZIP							
11. I hereby	certify that the information supplied wi	th this filing does not qualif	y for the exe	mption sta	ted in Secti	on 119.0	7(3)(i) Flor	ida Statutes. I fi	urther cer	tify that the in	nformation
Indicated	on this report is true and accurate an	ia that my signature shall ha	ave the same	regai ette	ut as it mad hv Chanter	ie under 608. Flo	uam; that i rida Statute	ram a managin s	ig membe	or manage	K OI LNB

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: SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

14 MAR. 2000

941-541-1372

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