

2001 UNIFORM BUSINESS REPORT (UBR)

0024084 AF

DOCUMENT # M97000000661

1. Entity Name
REALMARK ATLANTA II, L.L.C.

FILED

01 APR 17 PM 2:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
5395 ROSWELL ROAD, STE. 200
ATLANTA GA 30342

Mailing Address
5395 ROSWELL ROAD, STE. 200
ATLANTA GA 30342



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3200 Sugarloaf Key Rd
Suite, Apt. #, etc.

3. Mailing Address
3200 Sugarloaf Key Rd
Suite, Apt. #, etc.

City & State
Punta Gorda, FL
Zip
33955
Country
USA

City & State
Punta Gorda, FL
Zip
33955
Country
USA

4. FEI Number 58-2328968
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROONEY, J. MICHAEL
306 EAST OLYMPIA AVENUE
PUNTA GORDA FL 33950

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.
FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
300004076923--1
-04/25/01--01047--008
*****50.00 *****50.00

9. MANAGING MEMBERS / MEMBERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM STOUT, WILLIAM J JR. 3021 BIG BEND CIRCLE PUNTA GORDA FL 33955	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM SHEEHAN, ROBERT L 5395 ROSWELL ROAD, STE. 200 ATLANTA GA 30342	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Melissa Mc Mahan 4/11/01 404-213-1240
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)