


File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS		FILED 98 MAR 23 PM 3:39 SECRETARY OF STATE FLORIDA	
FILING FEE \$ 188.75		Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1. Name and Mailing Address of Limited Liability Company		DOCUMENT # M97000000663		1a. Principal Place of Business Address	
REALMARK ATLANTA I, L.L.C. 5395 ROSWELL ROAD, STE. 200 ATLANTA GA 30342				5395 ROSWELL ROAD, STE. 200 ATLANTA GA 30342	
2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		10/06/1997	
City & State		City & State		3a. State of Formation	
Zip		Zip		GA	
Country		Country		4. FEI Number	
				58-2328965	
				5. Date of Last Report	
				6. Certificate of Status Desired	
				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
				8. Certificate of Status Desired	
				<input type="checkbox"/> \$0.75 Additional Fee Required	
7. Name and Address of Current Registered Agent				8. Name and Address of New Registered Agent/Office	
ROONEY, J. MICHAEL 306 EAST OLYMPIA AVENUE PUNTA GORDA FL 33950				Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City	
				7080002467017-9 -03/24/98-01091-024 FL 33150	
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.					
SIGNATURE _____ DATE _____ (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGRM	STOUT, WILLIAM J JR.	5395 ROSWELL RD., STE. 200		ATLANTA GA	

I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (l), Florida Statutes. I further certify that the information indicated on this annual 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; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE:

*William J. Stout*  
WILLIAM J. STOUT 3/19/98 404 705 1502

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

Date

Daytime Phone #

RECEIVED FEB 24 1998

FF 188.75  
3-24