

2001 UNIFORM BUSINESS REPORT (UBR)

0024088
AF

DOCUMENT # M97000000663

1. Entity Name
REALMARK ATLANTA I, 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

City & State
Punta Gorda, FL

Zip
33955

Country
USA

Zip
33955

Country
USA

4. FEI Number
58-2328965

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
ROONEY, J. MICHAEL
306 EAST OLYMPIA AVENUE
PUNTA GORDA FL 33950

7. Name and Address of New Registered Agent
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 _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

100004076921--7
-04/25/01--01047--007
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM STOUT, WILLIAM J JR. 3021 BIG BEN CIRCLE PUNTA GORDA FL 33955	<input type="checkbox"/> Delete
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"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

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"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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)