



2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90031 043 ****55.00

DOCUMENT # M97000000663 1. Entity Name REALMARK ATLANTA I, L.L.C.					
Principal Place of Business 1900 LAGOON LANE CAPE CORAL, FL 33914			Mailing Address 1900 LAGOON LANE CAPE CORAL, FL 33914		
2. Principal Place of Business 5789 Cape Harbour Drive, Suite 201 Cape Coral, FL 33914		3. Mailing Address 5789 Cape Harbour Drive, Suite 201 Cape Coral, FL 33914		<div style="font-size: 1.2em; font-weight: bold;">14001908</div> 	
4. FEI Number 58-2328965		Applied For <input type="checkbox"/> Not Applicable		04192005 Chg-LLC CR2E083 (10/03)	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required		Zip _____ Country <u>Lee</u> Zip _____ Country <u>Lee</u>			
6. Name and Address of Current Registered Agent BOLANOS, TRUXTON PA 12800 UNIVERSITY DR, STE 350 FORT MYERS, FL 33907			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE _____ NAME MGRM STREET ADDRESS STOUT, WILLIAM J JR. CITY-ST-ZIP 1900 LAGOON LN CAPE CORAL, FL 33914	<input type="checkbox"/> Delete		TITLE _____ NAME _____ STREET ADDRESS 5789 Cape Harbour Drive, Suite 201 CITY-ST-ZIP Cape Coral, FL 33914	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE _____ NAME P STREET ADDRESS SHEEHAN, ROBERT L CITY-ST-ZIP 3491 BUCKHEAD LOOP ATLANTA, GA 30326	<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	
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	
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	
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 689, Florida Statutes.					
SIGNATURE: <u>Jane Kirkman</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER,</small>			Jane Kirkman, April 22, 2005 (239)541-1372		