

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 20, 2006 8:00 am**  
**Secretary of State**

04-20-2006 90151 001 \*\*\*100.00

**DOCUMENT # M97000000663**

1. Entity Name  
**REALMARK ATLANTA I, L.L.C.**



Principal Place of Business  
**5789 CAPE HARBOUR DRIVE, SUITE 201  
CAPE CORAL, FL 33914**

Mailing Address  
**5789 CAPE HARBOUR DRIVE, SUITE 201  
CAPE CORAL, FL 33914**

**30005608**



01052006No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

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**

**BOLANOS, TRUXTON PA  
12800 UNIVERSITY DR, STE 350  
FORT MYERS, FL 33907**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2006**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGRM  
STOUT, WILLIAM J JR.  
5789 CAPE HARBOUR DRIVE, SUITE 201  
CAPE CORAL, FL 33914**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**P  
SHEEHAN, ROBERT L  
3491 BUCKHEAD LOOP  
ATLANTA, GA 30326**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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STREET ADDRESS  
CITY - ST - ZIP

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 606, Florida Statutes.

**SIGNATURE:** \_\_\_\_\_

**William J. Stout, Jr. 3/13/06 (239) 541-1372**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #