


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 24, 2008 8:00 am
Secretary of State

03-24-2008 90239 048 ***138.75

DOCUMENT # L04000011134	
1. Entity Name DEL MAR RETAIL CENTER, LLC	

Principal Place of Business 5288 HAWKESBURY WAY NAPLES, FL 34119 US	Mailing Address 5288 HAWKESBURY WAY NAPLES, FL 34119 US
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60016803

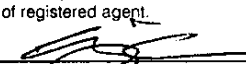
2. Principal Place of Business - No P.O. Box # 7785 Davis Boulevard	3. Mailing Address Colonial Square Realty
Suite, Apt. #, etc.	Suite, Apt. #, etc. PO Box 10608
City & State	City & State Naples FL
Zip 34104	Country USA



03172008 Chg-LLC CR2E083 (12/06)

6. Name and Address of Current Registered Agent COLONIAL SQUARE REALTY, INC. 1048 GOODLETTE RD NAPLES, FL 34101	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) PO Box 10608 City Naples FL Zip Code 34101
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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.

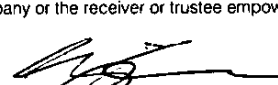
SIGNATURE  **Clifford Olson** DATE **3/21/08**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GLOGAU, KURT 8757 HIDEAWAY HARBOR COURT NAPLES, FL 34120 <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	MGRM GLOGAU, JOANNE 8757 HIDEAWAY HARBOR COURT NAPLES, FL 34120 <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	MGRM WEBER, CHRIS 8757 HIDEAWAY HARBOR COURT NAPLES, FL 34120 <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	MGRM WEBER, SHERRY 8757 HIDEAWAY HARBOR COURT NAPLES, FL 34120 <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 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 608, Florida Statutes.

SIGNATURE:  **Clifford Olson** DATE **3/21/08** DAYTIME PHONE # **239-261-2627**

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