# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

#### **DOCUMENT # L05000073859**

1. Entity Name
DEL MAR INVESTMENT GROUP, LLC



Principal Place of Business

2979 PGA BOULEVARD PALM BEACH GARDENS, FL 33410 Mailing Address

2979 PGA BOULEVARD PALM BEACH GARDENS, FL 33410

## FILED May 11, 2007 8:00 am Secretary of State

05-11-2007 90248 001 \*\*\*300.00



03272007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number		Applied For
20-3244774	 	Not Applicable
5. Certificate of Status Desired	\$5.00 A	

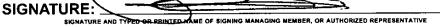
6. Name and Address of Current Registered Agent

WALCZAK, PAUL M 2979 PGA BOULEVARD PALM BEACH GARDENS, FL 33410

### DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the purpose of charions of registered agent.	nging its registered office or registered agent, or both,	in the State of Florida. I am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
Fi	iling Fee is \$50.00 ue by May 1, 2007		
9.	MANAGING MEMBERS/MANAGERS		,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR EPJ VENTURES, LLC 2979 PGA BOULEVARD PALM BEACH GARDEN, FL 33410		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR AZZURA, LLC 318 ARABIAN ROAD PALM BEACH, FL 33480		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO I	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN T	HIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			·
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

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.



Date

Daytime Phone #