

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000073859

FILED
Mar 31, 2008
Secretary of State

Entity Name: DEL MAR INVESTMENT GROUP, LLC

Current Principal Place of Business:

2979 PGA BOULEVARD
PALM BEACH GARDENS, FL 33410

New Principal Place of Business:

Current Mailing Address:

2979 PGA BOULEVARD
PALM BEACH GARDENS, FL 33410

New Mailing Address:

PO BOX 31809
PALM BEACH GARDENS, FL 33420

FEI Number: 20-3244774

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

SHELDON, SIOBAUGHN
2979 PGA BOULEVARD
PALM BEACH GARDENS, FL 33410 US

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: SIOBAUGHN SHELDON

03/31/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: EPJ VENTURES, LLC,
Address: 2979 PGA BOULEVARD
City-St-Zip: PALM BEACH GARDEN, FL 33410 US

Title: MGR () Delete
Name: AZZURA, LLC,
Address: 318 ARABIAN ROAD
City-St-Zip: PALM BEACH, FL 33480 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: EPJ VENTURES, LLC,
Address: PO BOX 31809
City-St-Zip: PALM BEACH GARDEN, FL 33420 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: PAUL M WALCZAK

MGR

03/31/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date