2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000104949

Address:

City-St-Zip:

Entity Name: PALM BEACH CAPITAL INVESTMENT GROUP, LLC

FILED Feb 28, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 1350 SW 5TH COURT BOCA RATON, FL 33432 **Current Mailing Address: New Mailing Address:** 1350 SW 5TH COURT BOCA RATON, FL 33432 FEI Number: 02-0773570 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: WOOLLEN, DON 1350 SW 5TH COURT BOCA RATON, FL 33432 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: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete WOOLLEN, DON Name: Name: 1350 SW 5TH COURT Address: Address: City-St-Zip: BOCA RATON, FL 33432 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: JOHNSON, LARRY Name: Address: 510 ANCHOR POINT Address: City-St-Zip: DELRAY BEACH, FL 33444 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition BYARD, ANNE Name: Name: 1350 SW 5TH COURT Address: Address: City-St-Zip: BOCA RATON, FL 33432 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition SKARE, SCOTT Name: Name: Address: PO BOX 83-2016 Address: City-St-Zip: DELRAY BEACH, FL 33283 City-St-Zip: Title: () Delete Title: MGRM () Change (X) Addition Name: Name: KNOTT, MARTIN

I hereby certify that the information supplied with this filing does not qualify for the 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.

Address:

City-St-Zip:

32324 LAKE OAK DR.

LAKE ELSINORE, CA 92532

SIGNATURE: DON WOOLLEN MGRM 02/28/2007