

2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

**FILED
Sep 17, 2007
Secretary of State**

DOCUMENT# L00000006905

Entity Name: D & I DEVELOPMENT GROUP, L.C.

Current Principal Place of Business:

2500 WESTON ROAD, SUITE 105
FORT LAUDERDALE, FL 33331

New Principal Place of Business:

2500 WESTON ROAD, SUITE 103
WESTON, FL 33331 US

Current Mailing Address:

2500 WESTON ROAD, SUITE 105
FORT LAUDERDALE, FL 33331

New Mailing Address:

2500 WESTON ROAD, SUITE 103
WESTON, FL 33331 US

FEI Number: 65-1018169

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BEFELER, GEORGE ESQ.
701 BRICKELL AVENUE, SUITE 2000
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

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:

Title: MGRM () Delete
Name: BRICENO, DOUGLAS
Address: 2500 WESTON ROAD, SUITE 105
City-St-Zip: FORT LAUDERDALE, FL 33331

Title: MGRM (X) Delete
Name: BRICENO, INES
Address: 2500 WESTON ROAD, SUITE 105
City-St-Zip: FORT LAUDERDALE, FL 33331

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: BRICON GROUP LLC,
Address: 2500 WESTON ROAD, SUITE 103
City-St-Zip: WESTON, FL 33331 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: DOUGLAS BRICENO

MGR

09/17/2007

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