2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000031447

Entity Name: DEVELOPERS ADVISORY GROUP, LLC

FILED Jan 30, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1717 N. BAYSHORE DRIVE, SUITE 4042 1717 N. BAYSHORE DRIVE MIAMI, FL 33132

SUITE 1531 MIAMI, FL 33132

Current Mailing Address: New Mailing Address:

1717 N. BAYSHORE DRIVE, SUITE 4042 1717 NORTH BAYSHORE DRIVE

MIAMI, FL 33132 MIAMI, FL 33132

FEI Number: 20-8755291 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ROBERT P. LITHMAN, P.A. ROBERT P. LITHMAN, P.A. 150 ALHAMBRA CIRCLE, SUITE 1150 150 ALHAMBRA CIRCLE CORAL GABLES, FL 33134 1150

CORAL GABLES, FL 33134 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: 01/30/2008

> Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

MGRM () Delete Title: (X) Change () Addition YAFFA, PHILLIP A YAFFA, PHILLIP A Name: Name:

Address: 1717 N. BAYSHORE DRIVE, SUITE 4042 Address: 1717 N. BAYSHORE DRIVE, SUITE 1531

City-St-Zip: MIAMI, FL 33132 City-St-Zip: MIAMI, FL 33132

Title: MGRM (X) Delete Title: () Change () Addition

Name: IMBURGIA, LOUIS Name: Address: 5021 LONDON WALK Address: City-St-Zip: MIAMI, FL 33138 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: PHILLIP A YAFFA **MGRM** 01/30/2008