


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 18, 2005 8:00 am**  
**Secretary of State**

01-18-2005 90182 024 \*\*\*\*55.00

<b>DOCUMENT # L01000003308</b> 1. Entity Name <b>DEVELOPMENT INTERNATIONAL GROUP, LLC</b>					
Principal Place of Business <b>8700 WEST FLAGLER ST SUITE 355 MIAMI, FL 33174</b>			Mailing Address <b>8700 WEST FLAGLER ST SUITE 355 MIAMI, FL 33174</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>65-1080432</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>HERRON, ANDREW ESQ. C/O HOMER, BONNER &amp; DELGADO, P.A. 100 SE 2ND STREET, SUITE 3400 MIAMI, FL 33131</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City		
8. 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. I am familiar with, and accept the obligations of registered agent.			SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$50.00 Due by May 1, 2005			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GUTIERREZ, ENRIQUE H 8700 WEST FLAGLER ST SUITE 355 MIAMI, FL 33174	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MILIAN, HELIO 8700 WEST FLAGLER ST SUITE 355 MIAMI, FL 33174	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GONZALEZ, ANI 8700 WEST FLAGLER ST SUITE 355 MIAMI, FL 33174	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ARIEL ENRIQUE GUTIERREZ 100 MIRACLE MILE CORAL GABLES, FL 33134	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ENRIQUE GUTIERREZ <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8700 WEST FLAGLER ST. SUITE 355 MIAMI, FL 33174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LATIMER, RUSSELL 100 MIRACLE MILE CORAL GABLES, FL 33134	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LATIMER, RUSSELL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8700 WEST FLAGLER ST. SUITE 355 MIAMI, FL 33174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DAVILA, JORGE L 100 MIRACLE MILE CORAL GABLES, FL 33134	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DAVILA, JORGE L. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8700 WEST FLAGLER ST. SUITE 355 MIAMI, FL 33174
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.					
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					
Date: <b>Jan 2005</b> (305) 553-8911					