

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 23, 2008 08:00 AM
Secretary of State

DOCUMENT # L01000003308

1. Entity Name

DEVELOPMENT INTERNATIONAL GROUP, LLC



Principal Place of Business

8700 WEST FLAGLER ST SUITE 355
MIAMI, FL 33174

Mailing Address

8700 WEST FLAGLER ST SUITE 355
MIAMI, FL 33174



01032008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1080432

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

REGISTERED AGENTS OF FLORIDA, LLC
100 S.E. SECOND STREET
SUITE 2900
MIAMI, FL 33131

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IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

U00000792787
01/24/08-80022-019 143.75

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
GUTIERREZ, ENRIQUE H
8700 WEST FLAGLER ST SUITE 355
MIAMI, FL 33174

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
GUTIERREZ, ARIEL E
8700 WEST FLAGLER ST STE 355
MIAMI, FL 33174

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
LATIMER, RUSSELL
8700 WEST FLAGLER ST STE 355
MIAMI, FL 33174

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Ariel E. Gutierrez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

01/03/2008

Date

305 553-8911

Daytime Phone #