

FILED
Jun 25, 2007 8:00 am
Secretary of State

06-25-2007 90115 022 ****50.00

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000022212

1. Entity Name
 DEVELOPMENT GROUP INTERNATIONAL, LLC



Principal Place of Business
 7170 N.W. TURTLWALK
 BOCA RATON, FL 33487

Mailing Address
 7170 N.W. TURTLWALK
 BOCA RATON, FL 33487

2. Principal Place of Business - No P.O. Box #
 C/O JKG GROUP, POLO
 Suite, Apt. #, etc.
 COMMERCE CTR., 1000 CLINT
 City & State
 MOORE RD. STE. 201 BOCA RATON
 Zip
 FL, 33487
 Country
 USA

3. Mailing Address
 21 PENN PLAZA - Suite 1000
 Suite, Apt. #, etc.
 360 West 31st
 City & State
 NEW YORK, NY
 Zip
 10001
 Country
 USA

06202007 Chg-LLC CR2E083 (12/06)

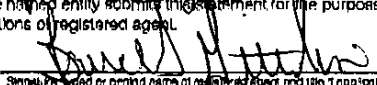
4. FEI Number
 20-4417557
 Applied For
 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

8. Name and Address of Current Registered Agent
 NRAI SERVICES, INC.
 2731 EXECUTIVE PARK DRIVE, SUITE 4
 WESTON, FL 33331

7. Name and Address of New Registered Agent
 Name
 BRUCE D. GITTLIN
 Street Address (P.O. Box Number is Not Acceptable)
 C/O JKG GROUP
 POLO COMMERCE CENTER, 1000 CLINT MOORE ROAD
 City
 SUITE 201 BOCA RATON FL
 Zip Code
 33487

9. 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  BRUCE D. GITTLIN 6/22/07
Signature of individual or printed name of registered agent and title if applicable. (NCLC: Registered Agent signature required when registering) DATE

Filing Fee is \$50.00
 Due by September 14, 2007

Make check payable to
 Florida Department of State

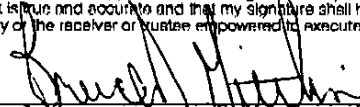
9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM VERNI, ANTHONY N 7170 N.W. TURTLWALK BOCA RATON, FL 33487 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BENJAMIN MANAGEMENT COMPANY, LLC 360 W. 31ST STREET, SUITE 1000 NEW YORK, NY 10001 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GLINES LIMITED FAMILY PARTNERSHIP 536 HARDEE ROAD CORAL GABLES, FL 33146 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 808, Florida Statutes.

SIGNATURE:  6/22/07 (212)244-4646
SIGNATURE AND TITLE OR PRINTED NAME OF REGISTERED MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE DATE DAYTIME PHONE #

BRUCE D. GITTLIN, AUTHORIZED REPRESENTATIVE