


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Apr 20, 2004 08:00 AM
Secretary of State

DOCUMENT # A94000000562 1. Entity Name PREMIER CONSULTING INTERNATIONAL, LIMITED PARTNERSHIP	
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Principal Place of Business 2600 DOUGLAS RD., 10TH FL, SUITE 1000 CORAL GABLES, FL 33134	Mailing Address 2600 DOUGLAS RD., 10TH FL, SUITE 1000 CORAL GABLES, FL 33134
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



03152004 Chg-LP CR2E003 (10/03)

4. FEI Number 65-0405010	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent VENTURE MANAGEMENT SERVICES, INC. 5700 S.W. 50TH TERRACE MIAMI, FL 33155	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

9. Capital Contributions as Shown on record. \$63,700.00	10. Amount of Capital Contributions in FLORIDA to date. \$63,700
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A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P93000033690	STREET ADDRESS	
NAME	VENTURE MANAGEMENT SERVICES, INC.	CITY - ST - ZIP	
STREET ADDRESS	5700 S.W. 50TH TERRACE		
CITY - ST - ZIP	MIAMI, FL 33155		
DOCUMENT #		STREET ADDRESS	U000000158647
NAME		CITY - ST - ZIP	05/07/04-80030-008 535.00
STREET ADDRESS			
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STREET ADDRESS			
CITY - ST - ZIP			

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE:  **Feemin Rodriguez** **4/21/04** **305-567-3188**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE