
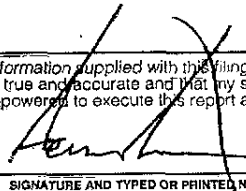


**2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005**

**FILED
May 16, 2005 08:00 AM
Secretary of State**

DOCUMENT # A9400000562					
1. Entity Name PREMIER CONSULTING INTERNATIONAL, LIMITED PARTNERSHIP					
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			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0405010	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
VENTURE MANAGEMENT SERVICES, INC. 5700 S.W. 50TH TERRACE MIAMI, FL 33155			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			State FL Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. \$63,700.00		10. Amount of Capital Contributions in FLORIDA to date. \$63,700.00			
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	1100000366855	
NAME			CITY - ST - ZIP	05/16/05-80008-016 535.00	
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NAME			CITY - ST - ZIP		
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)(f), 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: 			Date: 4/26/05		Daytime Phone #: 305-567-3188
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date		Daytime Phone #

STAPLE CHECK HERE