


**2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006**

**FILED
Apr 17, 2006 08:00 AM
Secretary of State**

DOCUMENT # A94000000562
 1. Entity Name
**PREMIER CONSULTING INTERNATIONAL, LIMITED
 PARTNERSHIP**



Principal Place of Business Mailing Address
 2600 DOUGLAS RD., 10TH FL, SUITE 1000 2600 DOUGLAS RD., 10TH FL, SUITE 1000
 CORAL GABLES, FL 33134 CORAL GABLES, FL 33134

DO NOT WRITE IN THIS SPACE



04052006 No Chg-LP CR2E003 (11/05)

4. FEI Number
 65-0405010 Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional
 Fee Required

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 or Post Office Acceptance Office)
 City
 FL Zip Code

**DO NOT WRITE
 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$500.00
 After May 1, 2006, Fee will be \$900.00**

**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

DOCUMENT #	P93000033690
NAME	VENTURE MANAGEMENT SERVICES, INC.
STREET ADDRESS	5700 S.W. 50TH TERRACE
CITY-ST-ZIP	MIAMI, FL 33155
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY

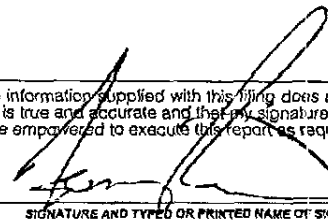
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CITY-ST-ZIP	

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**DO NOT WRITE
 IN THIS SPACE**

STAPLE CHECK HERE

14. 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 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: 4/6/06 Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER