

**2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007**


FILED

2007 APR 30 AM 10:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A94000000562

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 - No P.O. Box #: 3191 CORALWAY #625


3. Mailing Address: 3191 CORALWAY #625

City & State: Miami FL

City & State: Miami FL

Zip: 33145 Country: Dade

Zip: 33145 Country: Dade



04182007 Chg-LP CR2E003 (12/06)

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 Number is Not Acceptable): _____

City: _____ 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: _____

**FILE NOW!!! FEE IS \$500.00
After May 1, 2007, 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		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	100101613871
NAME		CITY-ST-ZIP	05/04/07--01046--002 **508.75
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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 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: _____ DAYTIME PHONE #: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

STAPLE CHECK HERE