

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 19, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # L01000001820**

1. Entity Name  
**CORPORATE PARTNERS INTERNATIONAL, L.L.C.**



Principal Place of Business  
**10230 NORTHWEST 47TH ST  
SUNRISE, FL 33351**

Mailing Address  
**10230 NORTHWEST 47TH ST  
SUNRISE, FL 33351**

**DO NOT WRITE IN THIS SPACE**



03032004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number  
**65-1072071**

Applied For  
Not Applicable

5. Certificate of Status Desired ☒

**\$5.00 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**OLSON, MAUREEN  
10230 NW 47TH STREET  
SUNRISE, FL 33351**

**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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2004**

U000000092657  
03/19/04-80017-017 55.00

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
PATRICIA KENNEDY, LUCILLE  
10230 NORTHWEST 47TH ST  
SUNRISE, FL 33351**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
OLSON, MAUREEN A  
10230 NORTHWEST 47TH ST  
SUNRISE, FL 33351**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:** Maureen A. Olson Maureen A. Olson  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

3/17/04  
Date

(954) 742-7712  
Daytime Phone #