


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.	
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Principal Place of Business 10230 NORTHWEST 47TH ST SUNRISE, FL 33351	Mailing Address 10230 NORTHWEST 47TH ST SUNRISE, FL 33351
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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 <input checked="" type="checkbox"/>	\$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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

U00000092657
 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
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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 Olson Maureen A. Olson 3/17/04 (954) 742-7712

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #