

**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**May 12, 2005 8:00 am**  
**Secretary of State**

04-19-2005 90008 030 \*\*\*\*55.00

**DOCUMENT # L01000001820**  
 1. Entity Name  
**CORPORATE PARTNERS INTERNATIONAL, L.L.C.**



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

3100000



04052005 No Chg-LLC      CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-1072071</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when relinquishing)

**Filing Fee is \$50.00**  
**Due by May 1, 2005**

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)(i), 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 606, Florida Statutes.

SIGNATURE: Maurcen A. Olson      Date: 5/1/05      (954) 742-7712  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Daytona Phone #

Maurcen A. Olson