


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 06, 2006 8:00 am**  
**Secretary of State**

03-06-2006 90198 026 \*\*\*\*55.00

<b>DOCUMENT # L01000001820</b>			
1. Entity Name CORPORATE PARTNERS INTERNATIONAL, L.L.C.			
Principal Place of Business 10230 NORTHWEST 47TH SREET, SUITE 46 SUNRISE, FL 33351		Mailing Address 10230 NORTHWEST 47TH SREET, SUITE 46 SUNRISE, FL 33351	
2. Principal Place of Business 10230 NORTHWEST 47 <sup>th</sup> ST		3. Mailing Address 10230 NW 47 <sup>th</sup> STREET	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State SUNRISE, FL		City & State SUNRISE, FL	
4. FEI Number 65-1072071		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required		02162006 Chg-LLC CR2E083 (11/05)	
6. Name and Address of Current Registered Agent OLSON, MAUREEN 10230 NORTHWEST 47TH SREET, SUITE 46 SUNRISE, FL 33351		7. Name and Address of New Registered Agent Name OLSON, MAUREEN Street Address (P.O. Box Number is Not Acceptable) 10230 NORTHWEST 47 <sup>th</sup> STREET City SUNRISE FL Zip Code 33351	
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 <u>Maureen A. Olson</u> <u>Maureen A. Olson</u> <u>3/2/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM OLSON, MAUREEN A <input type="checkbox"/> Delete 10230 NORTHWEST 47TH SREET, SUITE 46 SUNRISE, FL 33351	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 10230 NORTHWEST 47 <sup>th</sup> STREET
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM OLSON, GLENN W <input type="checkbox"/> Delete 10230 NORTHWEST 47TH SREET, SUITE 46 SUNRISE, FL 33351	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 10230 NORTHWEST 47 <sup>th</sup> STREET
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. 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 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: <u>Glenn W. Olson</u>		Date <u>3/2/06</u> Daytime Phone # <u>974389.2666</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			