

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000001820

FILED
Apr 11, 2007
Secretary of State

Entity Name: CORPORATE PARTNERS INTERNATIONAL, L.L.C.

Current Principal Place of Business:

10230 NORTHWEST 47TH STREET
SUNRISE, FL 33351

New Principal Place of Business:

Current Mailing Address:

10230 NORTHWEST 47TH STREET
SUNRISE, FL 33351

New Mailing Address:

FEI Number: 65-1072071

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

OLSON, MAUREEN
10230 NORTHWEST 47TH STREET
SUNRISE, FL 33351 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: OLSON, MAUREEN A
Address: 10230 NORTHWEST 47TH ST
City-St-Zip: SUNRISE, FL 33351

Title: MGRM () Delete
Name: OLSON, GLENN W
Address: 10230 NORTHWEST 47TH STREET
City-St-Zip: SUNRISE, FL 33351

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: GLENN W. OLSON

MGR

04/11/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date