

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 08, 2003 8:00 am
Secretary of State

04-08-2003 90024 002 ****55.00

0026513

DOCUMENT # L01000001820

1. Entity Name

CORPORATE PARTNERS INTERNATIONAL, L.L.C.



Principal Place of Business

10242 NORTHWEST 47TH ST., STE. 46
SUNRISE FL 33351

Mailing Address

10242 NORTHWEST 47TH ST., STE. 46
SUNRISE FL 33351

2. Principal Place of Business

10230 N.W. 47th St
Suite, Apt. #, etc.

3. Mailing Address

10230 NW 47th St
Suite, Apt. #, etc.



CHECK HERE IF MAKING CHANGES

City & State

SUNRISE, FL

City & State

SUNRISE FL

4. FEI Number

65-1072071

Applied For

Not Applicable

Zip

33351

Country

USA

Zip

33351

Country

USA

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

OLSON, MAUREEN
10242 NW 47TH STREET
SUITE 46
SUNRISE FL 33351

7. Name and Address of New Registered Agent

Name MAUREEN OLSON
Street Address (P.O. Box Number is Not Acceptable) 10230 Northwest 47th St
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 *Maureen A. Olson*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/4/03

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR	<input type="checkbox"/> Delete
NAME	PATRICIA KENNEDY, LUCILLE	
STREET ADDRESS	10242 NORTHWEST 47TH ST., STE. 46	
CITY-ST-ZIP	SUNRISE FL 33351	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	OLSON, MAUREEN A	
STREET ADDRESS	10242 NORTHWEST 47TH ST., STE. 46	
CITY-ST-ZIP	SUNRISE FL 33351	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	10230 Northwest 47th St.	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	10230 Northwest 47th St.	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 608, Florida Statutes.

SIGNATURE: *Maureen A. Olson* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/4/03

Date

954.742-9193

Daytime Phone #

CFR2E083 (10/02)