


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 10, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L01000016213</b>	
1. Entity Name <b>INTERNATIONAL INVESTMENT PARTNERS, LLC</b>	

Principal Place of Business <b>2667 E. COMMERCIAL BLVD., #201 FORT LAUDERDALE, FL 33308</b>	Mailing Address <b>2667 E. COMMERCIAL BLVD., #201 FORT LAUDERDALE, FL 33308</b>
--	--

<b>DO NOT WRITE IN THIS SPACE</b>
-----------------------------------



02282008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number <b>65-1143760</b>	Applied For <input type="checkbox"/> 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  <b>BULFIN, ROBERT M 2826 E. OAKLAND BLVD., #200 FORT LAUDERDALE, FL 33306</b>
--

<b>DO NOT WRITE IN THIS SPACE</b>
---------------------------------------

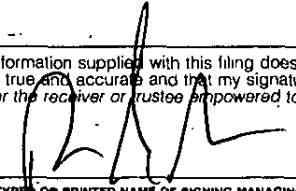
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
--	------------

<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>
---

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRP. SCRENCI, SAM 2667 E COMMERCIAL BLVD FORT LAUDERDALE, FL 33308</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<b>DO NOT WRITE IN THIS SPACE</b>
---------------------------------------

U000000853893  
03/26/08-80088-004 138.75

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.  <b>SIGNATURE:</b>  <small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	<b>2/5/08</b> <small>Date</small>	<b>954-295-9152</b> <small>Daytime Phone #</small>
---	--------------------------------------	---