2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 13, 2004
Secretary of State

DOCUMENT# L99000006179

Entity Name: EVENT PLANNERS INTERNATIONAL, L.L.C.

Current Principal Place of Business:

2674 MCKAY LANDING PKWY
BROOMFIELD, CO 80020

New Principal Place of Business:

2505 MCKAY LANDING PKWY
BROOMFIELD, CO 80020

Current Mailing Address:

2674 MCKAY LANDING PKWY
BROOMFIELD, CO 80020

New Mailing Address:

2505 MCKAY LANDING PKWY
BROOMFIELD, CO 80020

FEI Number: 58-2502834 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BODEM, LOREN E
815 COLORADO AVENUE SUITE 305
STUART, FL 34994 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/MEMBERS:

Title: P ( ) Delete
Name: THOMPSON, JAMI R
Address: 2674 MCKAY LANDING PKWY
City-St-Zip: BROOMFIELD, CO 80020

Title: S/T ( ) Delete
Name: THOMPSON, KAREN K
Address: 9250 PARADISE LANE
City-St-Zip: BROOMFIELD, CO 80020

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: THOMPSON, JAMI R
Address: 2505 MCKAY LANDING PKWY
City-St-Zip: BROOMFIELD, CO 80020

Title: MGR (X) Change ( ) Addition
Name: THOMPSON, KAREN K
Address: 9250 PARADISE LANE
City-St-Zip: BROOMFIELD, CO 80020

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JAMI R THOMPSON MGR 04/13/2004

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