


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90023 036 ****55.00

DOCUMENT # M04000004831

1. Entity Name
CAPITAL PARTNERS HIGH YIELD MEZZANINE FUND I, LLC



Principal Place of Business
**200 EAST BROWARD
 FT. LAUDERDALE, FL 33301**

Mailing Address
**200 EAST BROWARD
 FT. LAUDERDALE, FL 33301**

14002715

2. Principal Place of Business
**200 EAST BROWARD BLVD
 Suite, Apt. #, etc. 15TH FLOOR**

3. Mailing Address
**200 EAST BROWARD BLVD
 Suite, Apt. #, etc. 15TH FLOOR**

City & State
FT. LAUDERDALE, FL.

City & State
FT. LAUDERDALE, FL.

Zip
33301

Country

Zip
33301

Country



04252005 Chg-LLC CR2E083 (10/03)

4. FEI Number
20-1847921

Applied For
 Not Applicable

5. Certificate of Status Desired: **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**NRAI SERVICES, INC.
 2731 EXECUTIVE PARK DRIVE
 SUITE 4
 WESTON, FL 33331**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00 Due by May 1, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BERNSTEIN, BRUCE A 200 EAST BROWARD FT. LAUDERDALE, FL 33301 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CAPITAL PARTNERS FUND MANAGEMENT I, LLC 200 EAST BROWARD BLVD 15 TH FL. FT. LAUDERDALE, FL. 33301 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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: BA Bernstein **BRUCE A. BERNSTEIN** 4/25/05 954.761.2928

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #