


**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. 15<sup>TH</sup> FLOOR**

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

City & State  
**FT. LAUDERDALE, FL.**

City & State  
**FT. LAUDERDALE, FL.**

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**

|  |   |  |
|--|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>BERNSTEIN, BRUCE A<br>200 EAST BROWARD<br>FT. LAUDERDALE, FL 33301 | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete            |

**10. ADDITIONS/CHANGES**

|  |   |  |
|--|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>CAPITAL PARTNERS FUND MANAGEMENT I, LLC<br>200 EAST BROWARD BLVD 15 <sup>TH</sup> FL.<br>FT. LAUDERDALE, FL. 33301 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |

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 #