


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 23, 2005 08:00 AM
Secretary of State

DOCUMENT # L00000004169 1. Entity Name CEIS REVIEW (FLA), LLC	
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Principal Place of Business 2199 PONCE DE LEON BLVD SUITE 301 CORAL GABLES, FL 33134	Mailing Address 2199 PONCE DE LEON BLVD SUITE 301 CORAL GABLES, FL 33134
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DO NOT WRITE IN THIS SPACE



02162005 No Chg-LLC CR2E083 (10/03)

4. FEI Number 65-1000846	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

STEWART AGENT SERVICE
2199 PONCE DE LEON BLVD
SUITE 301
CORAL GABLES, FL 33134

**DO NOT WRITE
IN THIS SPACE**

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**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HILL, JOSEPH J 2410 BRICKELL AVE., UNIT 101-C MIAMI, FL 33129
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HILL, ELAINE M 2410 BRICKELL AVE., UNIT 101-C MIAMI, FL 33129
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02/23/05-80015-009 50.00

**DO NOT WRITE
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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: _____ **2/23/05 305 8540240**

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