


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 24, 2008 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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01292008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

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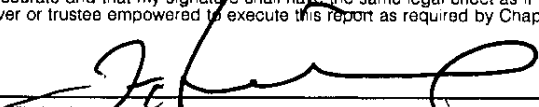
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and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

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

U000000869239
04/09/08-80040-026 138.75

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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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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.
SIGNATURE:  3/17/08 305 854 0240
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>
<small>Date Daytime Phone #</small>