


**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



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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02162005 No Chg-LLC CR2E083 (10/03)

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

**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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**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: _____ *Joseph J Hill* _____ *2/23/05 305 8540240*

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