

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 14, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # L01000017839

1. Entity Name  
CEIB MARKETING GROUP, LLC



Principal Place of Business  
7900 N.W. 155 STREET  
SUITE # 202  
MIAMI LAKES, FL 33016 US

Mailing Address  
7900 N.W. 155 STREET  
SUITE # 202  
MIAMI LAKES, FL 33016 US



04082005No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-1151664

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

BEANE, REGINALD E  
5088 N.W. 81 AVENUE  
CORAL SPRINGS, FL 33067

**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

Signature, typed or printed name of registered agent and title if applicable

(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  
CAMELLER, MICHAEL  
1115 BELL AIR DRIVE  
HIGHLAND BEACH, FL 33487

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
CAMBERT, RENE M  
15824 N.W. 83 AVENUE  
MIAMI LAKES, FL 33016

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
ESPINOSA, LUIS M  
15525 NW 83RD CT  
MIAMI LAKES, FL 33016

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
BEANE, REGINALD E  
5088 N.W. 81 AVENUE  
CORAL SPRINGS, FL 33067

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000304662  
04/14/05-80049-018 50.00

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/11/05 286-651-3130