


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 29, 2005 8:00 am
Secretary of State

04-28-2005 90049 001 *3,150.00

30003041



DOCUMENT # L04000020834			
1. Entity Name LILLIAM SANABRIA MD, FACOG, LLC			
Principal Place of Business 3225 AVIATION AVE., SUITE 500 MIAMI, FL 33133-4741		Mailing Address 3225 AVIATION AVE., SUITE 500 MIAMI, FL 33133-4741	
2. Principal Place of Business 8955 SW 87 COURT Suite, Apt. #, etc. STE 210 City & State MIAMI, FL Zip 33174 Country U.S.A.		3. Mailing Address Suite, Apt. #, etc. City & State City FL Zip Code	
04202005 Chg-LLC CR2E083 (10/03)		4. FEI Number 54-2129332 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent YELEN, MITCHELL A 3225 AVIATION AVE., SUITE 500 MIAMI, FL 33133-4741		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		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		MANAGER Robert Boyett, MD 8955 SW 87 COURT # 214 MIAMI, FL 33176	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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: Mitchell A. Yelen		042505 305-858-5800	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	

Mitchell A Yelen

5/31/05 CORPORATE DETAIL RECORD SCREEN ATTACHMENT 30609821 2:08 PM
NUM: L04000002083 ST:FL ACTIVE/FL LIM LIAB FLD: 01/08/2004
TOTAL CONTR: 0.00 REI#: NOT APPLICABLE
NAME : DIAMANTE MANAGEMENT, LLC CHANGED: 04/29/05
PRINCIPAL: COMMERCEBANK TRUST COMPANY
ADDRESS 220 ALHAMBRA CIRCLE, 11TH FLR
CORAL GABLES, FL 33134
RA NAME : CFRA, LLC
RA ADDR : CORPORATE CENTER THREE AT INT'L PLAZA ADDR CHG: 06/28/04
4221 W. BOY SCOUT BLVD, 10TH FLOOR
TAMPA, FL 33607-5736 US
ANN REP : (2005) A 04/29/05

1. MENU, 3. MGR/MEM

ENTER SELECTION AND CR:

**STATE OF FLORIDA
OFFICE OF THE COMPTROLLER
APPLICATION FOR REFUND**

ATTACHMENT 30009821
LO1000020834

Section 215.26, Florida Statutes, states in part: "Applications for refunds as provided in this section shall be filed with the Comptroller, except as otherwise provided herein, within 3 years after the right to such refund shall have accrued else such right shall be barred." Three years is generally interpreted as meaning three years from the date of payment into the State Treasury. The Comptroller has delegated the authority to accept applications for refund to the unit of State government which initially collected the money.

Pursuant to the provisions of Rule 3A-44.020, Florida Administrative Code, and Section 215.26, Florida Statutes, or Section _____*, Florida Statutes, I hereby apply for a refund of moneys I paid into the State Treasury, which are subject to refund. The following information is submitted to substantiate the claim.

THE INFORMATION IN THIS BOX WILL BE USED TO WRITE AND MAIL YOUR REFUND CHECK. PLEASE TYPE OR PRINT LEGIBLY.

Name: _____ EIN or SS#: _____

Address: _____

Amount: _____ Date Paid: _____

Reason for Claim: _____

Certified true and correct this _____ day of _____, _____.

Signature _____

* Must be completed if authority is other than Section 215.26, Florida Statutes.

Do Not Write in This Box - For Agency Use Only

Amount of recommended refund \$ 50.00

The amount requested above was originally deposited into the State Treasury, as a part of the funds deposited on

State Treasurer's Receipt No. 90019701 dated 4/28/05

NAME OF ACCOUNT: 45101000132453001000001000000

Statutory Authority for Collection 1608 0462

It is requested that payment be made from the following account:

NAME OF ACCOUNT: 45101000132453001000022002000

Certified true and correct this _____ day of _____, _____.

Department of State, Division of Corporations
(Agency) _____ (Authorized Agency Signature and Title)