2005 LIMITED LIABILITY COMPANY ANNUAL REPORT



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

DOCUMENT # L0400002083 1. Entity Name DIAMANTE MANAGEMENT, LLC							04-29-2003	5 90032	007 ****5	5.00
220 ALHAMB	e of Business BANK, NA-TRUSTEE-ANTHONY PERE RA CIR, PENTHOUSE SUITE ES, FL 33134	Mailing Address A %COMMERCEBANK, N 220 ALHAMBRA CIR, I CORAL GABLES, FL 3	PENTHOL			1 (84 (4) 4)	H BONI BIBN SONI BBIN BONI	บบอบ	lifet Bülüş türme re	(VA) KLIBYI
		3. Mailing Address COMMERCEBANK Suite Apt. #, etc.	TRUST	COMI	PANY					
	ambra Circle, llFlr.		Circ1	le, 11	lFlr.	04142005 4. FEI Numb	Chg-LLC er	CR2E	E083 (10/03)	oplied For
Coral G	ables, FL	Coral Gables,								ot Applicable
Zip 33134	Country 4 USA	Zip 33134	Coun	•		5. Certificate	of Status Desired	X	\$5.00 Add Fee Require	
	6. Name and Address of Current F					-7. Name and	Address of New	Registered		
CEBA II C	•			Name						
CFRA, LLC CORPORATE CENTER THREE AT INT'L PLAZA 4221 W. BOY SCOUT BLVD, 10TH FLOOR				Street Address (P.O. Box Number is Not Acceptable)						
TAMPA, FL 33607-5736										
				City	FL Zip Code					
	named entity submits this statement for ons of registered agent.	the purpose of changing it	s register	ed office o	r register	ed agent, or bo	oth, in the State of F	lorida. I ar	n familiar with,	and accept
1	ons or registered agent.									
SIGNATURE .	Signature, typed or printed name of registered agent a	nd title if applicable. (NO	TE: Registere	d Agent signs	ture required	when reinstating)		DATE		
FI Di	ling Fee is \$50.00 ue by May 1, 2005					Make check payable to Fiorida Department of State				
9.	MANAGING MEMBER		40				ADDITIONS	S/CHANGE	S	
		RS/MANAGERS	10.							
NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLI NAM STRE		220	Alhambr	K TRUST CO	OMPANY 11 t h		【 X Addition
NAME STREET ADDRESS			TITLI NAM STRE CITY TITLI NAM STRE	E ET ADORESS -\$1-ZIP	COMM 220	Alhambr	K TRUST CO	OMPANY 11 t h	, N.A.	Z Addition ☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		☐ Delete	TITLI NAM STRE CITY TITLI NAM STRE CITY	E ET ADORESS -SI-ZIP E E EET ADORESS -SI-ZIP	COMM 220	Alhambr	K TRUST CO	OMPANY 11 t h	N.A. Floor	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		□ Delete □ Delete	NAMM STREE CITY NAMM STREE CITY TITLL 1 NAMM STREE CITY TITLL NAMM STREE	E ET ADORESS -ST-ZIP E ECT ADORESS -ST-ZIP E ET ADORESS -ST-ZIP E ET ADORESS	COMM 220	Alhambr	K TRUST CO	OMPANY 11 t h	, N.A. Floor	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete ☐ Delete ☐ Delete	TITLI NAM STRE CITY ATTLI NAM STRE CITY TITLI - NAM STRE CITY TITLI CITY	E ET ADDRESS -S1-ZIP E E E ET ADDRESS -S1-ZIP E E E E E ET ADDRESS -S1-ZIP	COMM 220	Alhambr	K TRUST CO	OMPANY 11 t h	, N.A. Floor Change	Addition Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		□ Delete □ Delete	TITLL NAM STRE CITY TITLL NAM STRE CITY TITLL NAM STRE CITY TITLL NAM STRE	E ET ADDRESS -S1-ZIP E E E E E E E E E E E E E E E E E E E	COMM 220	Alhambr	K TRUST CO	OMPANY 11 t h	, N.A. Floor	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		☐ Delete ☐ Delete ☐ Delete	TITLL NAM STRE CITY	E E E E E E F T T T T T T T T T T T T T	COMM 220	Alhambr	K TRUST CO	OMPANY 11 t h	, N.A. Floor Change	Addition 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.

drea Anthony Perea SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Daytime Phone #