


**2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2005**

FILED
Apr 26, 2005 08:00 AM
Secretary of State

DOCUMENT # A02000000237					
1. Entity Name BAYVIEW PROPERTIES, LLLP					
Principal Place of Business 7021 BIG BEND ROAD GIBSONTON FL 33534			Mailing Address P.O. BOX 925 RUSKIN FL 33570		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number 04-3638136				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<input type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> 1ST MOORE CR2E003 (10/04)	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BAYVIEW MANAGEMENT, LLC 7021 BIG BEND ROAD GIBSONTON FL 33534			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		FL
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.					11. FILE NOW!!! Due by May 1, 2005. See Block 11 instructions for fee info.
SIGNATURE _____ DATE _____					
9. Capital Contributions as Shown on record		\$30,000,000.00	10. Amount of Capital Contributions in FLORIDA to date.		
A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	L01000020795		STREET ADDRESS		
NAME	BAYVIEW MANAGEMENT, LLC		CITY-ST-ZIP		
STREET ADDRESS	7021 BIG BEND ROAD				
CITY-ST-ZIP	GIBSONTON FL 33534				
DOCUMENT #			STREET ADDRESS		
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STREET ADDRESS					
CITY-ST-ZIP					
14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes					
SIGNATURE: <i>Michael Thompson, Manager Bayview Management LLC</i>			Date: 4/8/05		Daytime Phone #: 836-179382
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small> <small>Date</small>					



STAPLE CHECK HERE