

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M08000003365

FILED
Jan 06, 2010
Secretary of State

Entity Name: BAYVIEW ASSET MANAGEMENT, LLC

Current Principal Place of Business:

4425 PONCE DE LEON BLVD
5TH FLOOR
CORAL GABLES, FL 33146

New Principal Place of Business:

Current Mailing Address:

4425 PONCE DE LEON BLVD
5TH FLOOR
CORAL GABLES, FL 33146

New Mailing Address:

4425 PONCE DE LEON BLVD
5TH FLOOR
CORAL GABLES, FL 33146

FEI Number: 26-2961971

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOMSTEIN, BRIAN E ESQ.
4425 PONCE DE LEON BLVD.
5TH FLOOR
CORAL GABLES, FL 33146 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: BAYVIEW FINANCIAL LP
Address: 4425 PONCE DE LEON BLVD., 5TH FLOOR
City-St-Zip: CORAL GABLES, FL 33146

Title: DPCE
Name: ERTEL, DAVID
Address: 4425 PONCE DE LEON BLVD., 5TH FLOOR
City-St-Zip: CORAL GABLES, FL 33146

Title: DSVP
Name: QUINT, DAVID
Address: 4425 PONCE DE LEON BLVD., 5TH FLOOR
City-St-Zip: CORAL GABLES, FL 33146

Title: DSVS
Name: BOMSTEIN, BRIAN E
Address: 4425 PONCE DE LEON BLVD., 5TH FLOOR
City-St-Zip: CORAL GABLES, FL 33146

Title: D
Name: CHU, CHINH
Address: C/O 4425 PONCE DE LEON BLVD., 5TH FLOOR
City-St-Zip: CORAL GABLES, FL 33146

Title: D
Name: BRAND, MARTIN J
Address: C/O 4425 PONCE DE LEON BLVD., 5TH FLOOR
City-St-Zip: CORAL GABLES, FL 33146

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: BRIAN E. BOMSTEIN

DSVS

01/06/2010

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date

M08000003365

NAME: Bayview Asset Management, LLC
DOCUMENT NO. M08000003365

TITLE	D	<input checked="" type="checkbox"/> Addition
NAME	Nagler, Eli	
STREET ADDRESS	4425 Ponce de Leon Blvd., 4 th Floor	
CITY-ST-ZIP	Coral Gables, FL 33146	

TITLE	SCFO	<input checked="" type="checkbox"/> Addition
NAME	Fischer, John	
STREET ADDRESS	4425 Ponce de Leon Blvd., 4 th Floor	
CITY-ST-ZIP	Coral Gables, FL 33146	

TITLE	SVP	<input checked="" type="checkbox"/> Addition
NAME	Williams, Marvin	
STREET ADDRESS	4425 Ponce de Leon Blvd., 4 th Floor	
CITY-ST-ZIP	Coral Gables, Florida 33146	

TITLE	SVP	<input checked="" type="checkbox"/> Addition
NAME	Waldman, Stuart	
STREET ADDRESS	4425 Ponce de Leon Blvd., 4 th Floor	
CITY-ST-ZIP	Coral Gables, FL 33146	

TITLE	SVP	<input checked="" type="checkbox"/> Addition
NAME	Evenson, Brett	
STREET ADDRESS	4425 Ponce de Leon Blvd., 4 th Floor	
CITY-ST-ZIP	Coral Gables, FL 33146	

TITLE	SCOO	<input checked="" type="checkbox"/> Addition
NAME	O'Brien, Richard	
STREET ADDRESS	4425 Ponce de Leon Blvd., 4 th Floor	
CITY-ST-ZIP	Coral Gables, FL 33146	

TITLE	VP	<input checked="" type="checkbox"/> Addition
NAME	Lominac, Eve	
STREET ADDRESS	4425 Ponce de Leon Blvd., 4 th Floor	
CITY-ST-ZIP	Coral Gables, FL 33146	

TITLE	VP	<input checked="" type="checkbox"/> Addition
NAME	Wagovich, Tammie	
STREET ADDRESS	4425 Ponce de Leon Blvd., 4 th Floor	
CITY-ST-ZIP	Coral Gables, FL 33146	

TITLE	VP	<input checked="" type="checkbox"/> Addition
NAME	Drummond, Colin	
STREET ADDRESS	4425 Ponce de Leon Blvd., 4 th Floor	
CITY-ST-ZIP	Coral Gables, FL 33146	

TITLE	VP	<input checked="" type="checkbox"/> Addition
NAME	Pondolfi, Robert	
STREET ADDRESS	4425 Ponce de Leon Blvd., 4 th Floor	
CITY-ST-ZIP	Coral Gables, FL 33146	

TITLE	VP	<input checked="" type="checkbox"/> Addition
NAME	Hartmann, Laura	
STREET ADDRESS	4425 Ponce de Leon Blvd., 4 th Floor	
CITY-ST-ZIP	Coral Gables, FL 33146	

TITLE	VP	<input checked="" type="checkbox"/> Addition
NAME	Glassman, Mark	
STREET ADDRESS	4425 Ponce de Leon Blvd., 4 th Floor	
CITY-ST-ZIP	Coral Gables, FL 33146	

TITLE	VPAS	<input checked="" type="checkbox"/> Addition
NAME	Carr, Thomas	
STREET ADDRESS	4425 Ponce de Leon Blvd., 4 th Floor	
CITY-ST-ZIP	Coral Gables, Florida 33146	