2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000029180

1. Entity Name
BAYVIEW TOWERS ASSOCIATES, LLC

FILED
08 MAR -7 PM 1:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
9095 S.W. 87TH AVE., SUITE 777 MIAMI, FL 33176	9095 S.W. 87TH AVE., SUITE 777 MIAMI, FL 33176

DO NOT WRITE IN THIS SPACE

03102008 No Chg-LLC CR2E083 (12/07)

4. FEI Number
06-1656183
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

ORTIZ, SYRIE
9095 S.W. 87TH AVE., SUITE 777
MIAMI, FL 33176

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	TOWRS OF PARK WEST, INC.
STREET ADDRESS	9095 S.W. 87TH AVE., SUITE 777
CITY-ST-ZIP	MIAMI, FL 33176
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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TITLE	
NAME	
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CITY-ST-ZIP	

600121233236
03/25/08--01045--005 **438.75

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____ James R. Mitchell 3/10/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE 305-270-0870