

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000099432

**Entity Name:** 3900 BAYVIEWS LLC

**Current Principal Place of Business:**

2950 SW 27 AVENUE  
SUITE 220  
MIAMI, FL 33133

**FILED**  
**Feb 24, 2016**  
**Secretary of State**  
**CC1723189661**

**Current Mailing Address:**

2950 SW 27 AVENUE  
SUITE 220  
MIAMI, FL 33133 US

**FEI Number:** 47-1613261

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

ESPINOSA, PATRICIA O  
2950 SW 27 AVENUE  
SUITE 210  
MIAMI, FL 33133 US

*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

**Authorized Person(s) Detail :**

Title: MANAGER  
Name: ALTA STRATEGIC MANAGEMENT FIVE, LLC  
Address: 2950 SW 27 AVENUE SUITE 220  
City-State-Zip: MIAMI FL 33133

Title: AUTHORIZED MEMBER  
Name: 3900 ALIHUEN, INC.  
Address: 2950 SW 27 AVENUE SUITE 220  
City-State-Zip: MIAMI FL 33133

Title: AUTHORIZED MEMBER  
Name: RI CHANNEL, INC.  
Address: 201 SOUTH BISCAYNE BLVD SUITE 1500  
City-State-Zip: MIAMI FL 33131

Title: AUTHORIZED MEMBER  
Name: ARCHIPLAN 3900 BISCAYNE, LLC  
Address: 2950 SW 27 AVENUE SUITE 220  
City-State-Zip: MIAMI FL 33133

Title: AUTHORIZED MEMBER  
Name: 3900 TRENTINO, INC.  
Address: 201 SOUTH BISCAYNE BLVD SUITE 1500  
City-State-Zip: MIAMI FL 33131

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** RAIMUNDO ONETTO

**PRINCIPAL**

**02/24/2016**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date