

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

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

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

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

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