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

STAPL

SIGNATURE:

FILED Apr 26, 2005 08:00 AM Secretary of State **DOCUMENT # A02000000237** 1. Entity Name BAYVIEW PROPERTIES, LLLP Mailing Address Principal Place of Business 7021 BIG BEND ROAD GIBSONTON FL 33534 P.O. BOX 925 RUSKIN FL 33570 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1ST MOORÉ CR2E003 (10/04) 4. FEi Number City & State City & State Applied For 04-3638136 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BAYVIEW MANAGEMENT, LLC Street Address (P.O. Box Number is Not Acceptable) 7021 BIG BEND ROAD GIBSONTON FL 33534 Zip Code 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, typed or printed name of registered agent and this if applicable DATE 9. Capital Contributions 10. Amount of Capital Contributions \$30,000,000.00 in FLORIDA to date. as Shown on record 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. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 12. DOCUMENT # L01000020795 STREET ADDRESS BAYVIEW MANAGEMENT, LLC NAME STREET ADDRESS 7021 BIG BEND ROAD CITY-ST-ZIP CITY-ST-ZIP GIBSONTON FL 33534 DOCUMENT # STREET ADDRESS NAME HUUU009331 STREET ADDRESS 04226/05-80001-001 526.25 CHY-ST-78 CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CHTY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP 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)(1), 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

Manager Bayoi en Manage unt LLC